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# THE ANATOMY

*of the*

# NERVOUS SYSTEM

FROM THE STANDPOINT OF DEVELOPMENT AND FUNCTION

*By*  
STEPHEN WALTER RANSON, M.D., Ph.D.

Formerly Professor of Neurology and Director of Neurological Institute,  
Northwestern University Medical School, Chicago

WITH 408 ILLUSTRATIONS  
SOME OF THEM IN COLORS

*SEVENTH EDITION, REVISED*

PHILADELPHIA AND LONDON  
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## PUBLISHER'S FOREWORD

THE material for this Seventh Edition of "The Anatomy of the Nervous System" was entirely completed by Dr. Ranson and was in our hands before his death. This revision therefore represents Dr. Ranson's latest thoughts in the field which he had such an important part in developing. We know that the many friends of this well-known text will find in this edition the same thoroughness of subject matter and excellence of illustrations that have characterized the previous six editions.

It is also our privilege to announce that Dr. Ranson, with his usual foresightedness, had selected Dr. Sam L. Clark, Professor of Anatomy at Vanderbilt University, School of Medicine, as his successor in revising his book in the event of his death. Dr. Clark, besides being a former student of Dr. Ranson, is an outstanding neuro-anatomist and will bring to the text the experience of many years of teaching and research, which will insure that the book will be kept constantly up to date and in line with the changing trends in this field.

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## PREFACE TO THE SEVENTH EDITION

BEFORE beginning the preparation of this edition I asked a number of teachers of neuro-anatomy for criticisms. The replies were very helpful in suggesting ways in which the book could be made more useful. Only about one third of those who replied wished to have the illustrations of the sheep's brain retained and many of them suggested placing these figures at the end of the atlas, where they will now be found. About one half thought more physiology should be added; and in several places such additions have been made. In response to general demand there has been an extensive revision of the sections on the cerebellum, thalamus, hypothalamus, cerebral cortex, and sympathetic nervous system.

The chapter on the sympathetic nervous system has been rewritten. The gross and microscopic anatomy of this system are discussed at the beginning of the chapter, leaving until later a consideration of the autonomic system. It is hoped that this arrangement of the material and the placing of this chapter immediately after that on the spinal nerves will make the text more useful during the part of the course which is devoted to the peripheral nervous system.

The section on the dorsal thalamus has been rewritten and an effort has been made to present the difficult subject of the thalamic nuclei in an intelligible manner. Largely due to the investigations of Walker, it has been possible to give a fairly accurate account of the connections of the various thalamic nuclei with the cortex and to outline more definitely the parts of the thalamus within which the brachium conjunctivum, medial lemniscus, spinothalamic tract, and secondary trigeminal tracts end. There has been included in the chapter on the diencephalon an account of the hypothalamus based on recent investigations.

It has not been possible to comply with the many requests for a fuller discussion of the extrapyramidal motor paths. These requests must be regarded as a challenge to research. Very little is known on this subject and some ideas which have been generally accepted are certainly fallacious.

Rapid advance in the science of neurology has necessitated some increase in the length of the text. This increase has been made reluctantly and without forgetting that "there are very definite limits to the amount of detail which the novice in neurology can be expected to master." It has been our continued endeavor to avoid as far as possible increasing the mass and complexity of the material presented.

I am indebted to all those who responded to my request for criticisms. It is hoped that the changes which have been made in line with their suggestions

will make the book more useful. Valuable assistance in the revision has been given by my daughter, Mary, who has prepared many of the new illustrations and read the manuscript and proof. I am also indebted to my wife for reading both the manuscript and the proof.

S. W. RANSON.

CHICAGO, ILLINOIS.

## PREFACE

IN the pages which follow, the anatomy of the nervous system has been presented from the dynamic rather than the static point of view; that is to say, emphasis has been laid on the developmental and functional significance of structure. The student is led at the very beginning of his neurologic studies to think of the nervous system in its relation to the rest of the living organism. Structural details, which when considered by themselves are dull and tiresome, become interesting when their functional significance is made obvious. This method of presentation makes more easy the correlation of the various neurologic courses in the medical curriculum. For physiologic and clinical neurology a knowledge of conduction pathways and functional localization is essential, and this information can best be acquired in connection with the course in anatomic neurology. In selecting the material to be included in this book the needs of the medical student have been kept constantly in mind, and emphasis has been placed on those phases of the subject which the student is most likely to find of value to him in his subsequent work.

In many laboratories the head of the shark and the brain of the sheep have been used to supplement human material. The book has been so arranged as to facilitate such comparative studies without making it any the less well adapted to courses where only human material is used.

During the past twenty years very considerable additions have been made to the science of neurology, and the most important of these have been included in the text. While a detailed presentation of the evidence concerning new or disputed points would be out of place in a book of this kind, whenever the statements made here differ from those found in other texts the authority has always been cited, the author's name and the date of his contribution being given in parentheses. A full list of these references to the literature has been included in a Bibliography at the end of the volume.

The terminology adopted is that of the B. N. A., which has been used, for the most part, in its English form. But in the case of the fiber tracts the Basle terms are often misleading, and wherever this is the case, other names have been substituted.

An outline for a laboratory course in neuro-anatomy has been included, and this has been so arranged as to be easily adapted by the instructor to his particular needs.

Free use has been made of material gathered and arranged by others in the various handbooks, texts, and atlases that deal with the nervous system. The classification of the afferent paths and centers adopted here is based on the



work of Sherrington. The terms which he introduced and which are now coming into general use have been employed. In the analysis of the cranial nerves the American conception of nerve components, so ably presented by Herrick, has been utilized.

Illustrations have been borrowed from many sources, in each case duly accredited, and our indebtedness for permission to use them is gladly acknowledged. The majority of the figures have been made from drawings prepared for this purpose by Miss M. E. Bakehouse. The large number of illustrations and the excellent manner in which they have been reproduced are to be credited to the generous policy of the publishers, W. B. Saunders Co. My thanks are due to Dr. Olaf Larsell for reading the manuscript and for many valuable suggestions, and to Mr. Michael Mason for assistance in reading the proof.

S. W. RANSON.

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# THE ANATOMY OF THE NERVOUS SYSTEM FROM THE STANDPOINT OF DEVELOP- MENT AND FUNCTION

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## CHAPTER I

### THE ORIGIN AND FUNCTION OF THE NERVOUS SYSTEM

IRRITABILITY and conductivity, which are two of the fundamental properties of protoplasm, reach their maximum development in the highly differentiated tissue of the nervous system. Indeed, it is in response to the need for increased sensitivity to stimuli and for better transmission of the impulses aroused by them that the nervous system has developed and been perfected in the long process of evolution which has culminated in man.

When an ameba is touched with a pointed glass rod it moves away from the source of stimulation. Changes are initiated in the superficial protoplasm which are transmitted through the unicellular organism, resulting in a flowing out of pseudopodia on the opposite side. Through a continuation of this streaming motion the entire organism moves forward. Thus the relatively undifferentiated living substance of which it is composed receives the stimulus, transmits the resulting disturbance, and carries out the appropriate response.

When in the place of unicellular organisms we study simple metazoa, the sea-anemones for example, we find that considerable differentiation has occurred among the component cells. A cuticle has formed, designed to protect the subjacent parts from the action of the surrounding objects, while other cells have differentiated in the direction of contractile elements or muscle cells. Because the general body surface has been adapted to cope with the environment it becomes necessary to have certain cells at the surface which are sensitive to environmental changes. These sensory elements are able to transmit the waves of activation developed in them directly to the subjacent muscle cells. But in higher animals, because of the large size of the body and the complicated reactions required, long lines of communication have been established between peripheral sense organs and muscle-fibers in widely separated parts of the body.

The sensory elements and the lines of communication constitute the nervous system and, together with the musculature, the neuromuscular mechanism. It is well to keep in mind the fact that the nervous system was developed for the



purpose of enabling the musculature to react to changes in the environment of the organism. But in all higher animals the nervous system responds not only to stimuli from without but also to stimuli from within the body, and helps to bring about an internal adjustment of part with part. Here again it acts as a sensitive mechanism for receiving stimuli and conducting them to the appropriate organs of response. These organs through which the nervous system produces its effects are known as effectors. While muscles and glands are by far the most important effectors, we must also include certain pigmented cells (or chromatophores) and electric and phosphorescent organs under this head-

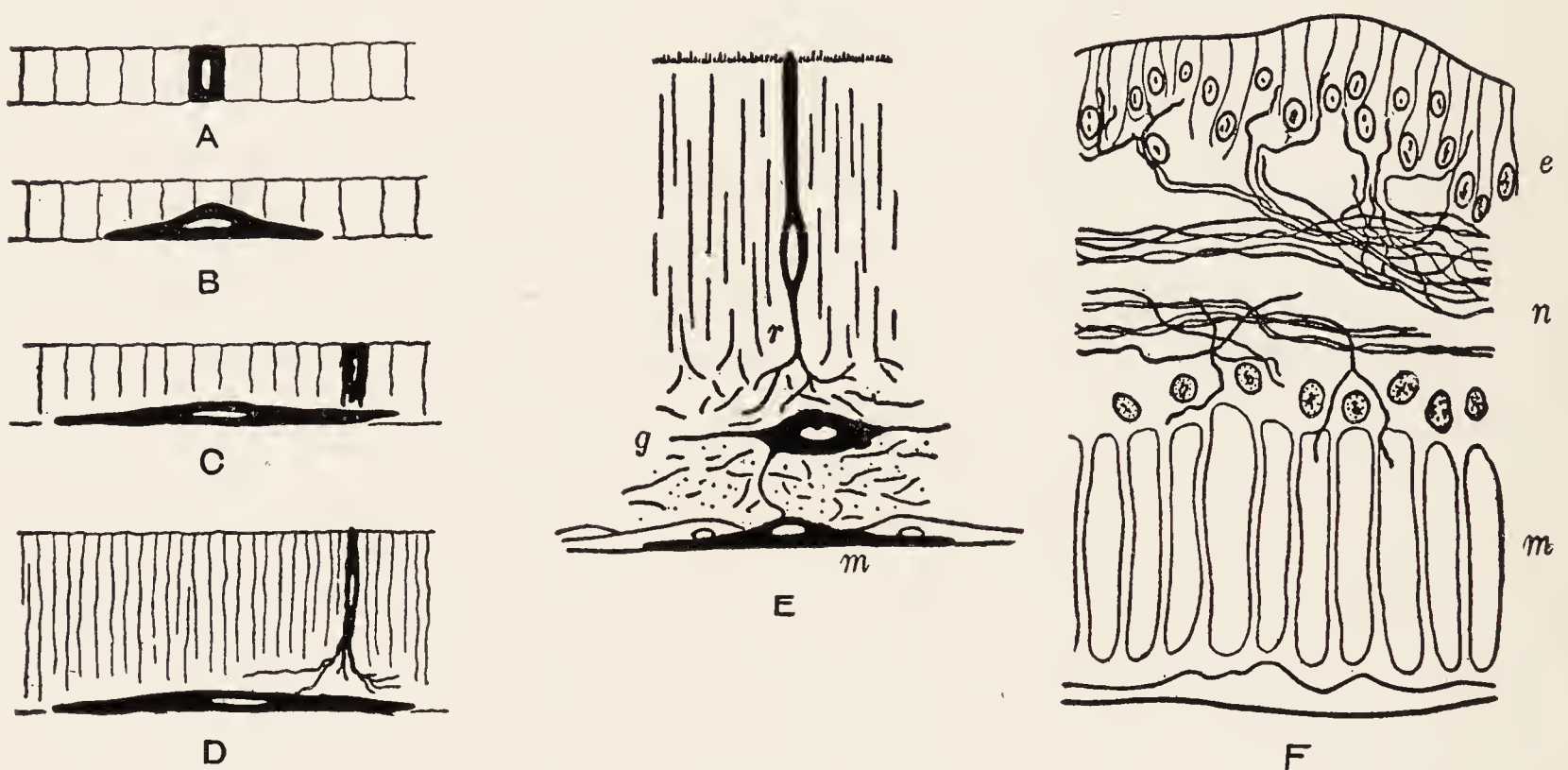


Fig. 1.—Stages in the differentiation of the neuromuscular mechanism. *A* to *C*, Hypothetic early stages: *A*, epithelial stage; *B*, muscle-cell at the stage of the sponge; *C*, partially differentiated nerve-cell in proximity to fully differentiated muscle-cell; *D*, nerve- and muscle-cell of coelenterate stage; *E*, a type of receptor-effector system found in many parts of sea-anemones, including not only receptors, *r*, with their nerve-nets, and muscle-cells, *m*, but also ganglion cells, *g*, in the nerve-net; *F*, section at right angles to the sphincter of the bell of a jellyfish (*Rhizostoma*): *e*, epithelium of the subumbrellar surface; *n*, nervous layer; *m*, muscle layer. (Parker.)

ing. Except for the reactions produced through such effectors the nervous system would be meaningless.

We can best understand the significance of the nervous system if we trace its early history. According to Parker (1919), contractile tissue develops before any trace of the nervous system appears. In sponges, which are devoid of nervous elements, the oscula open and close in response to appropriate stimuli. These movements are brought about by a contractile tissue not unlike smooth muscle. The active element or *effector* is thus the first to make its appearance, and at this stage is brought into action by direct stimulation. Next in the order of development is the sensory cell, derived from the epithelium in the neighborhood of an effector, and specially differentiated to receive stimuli and transmit them to the underlying muscle (Fig. 1, *D*). This arrangement is found in the tentacles which



surround the mouth in sea-anemones. The advantage which these forms derive from the specialized sensory cells or *receptors* is seen in the character of their responses, which are more rapid than those of sponges. Because there are no long nerve fibers the reactions are purely local.

But coelenterates usually present a more complex arrangement of receptor and effector elements than that indicated in Fig. 1, *D*. Fine branches from the sensory cells form a nervous net within which are scattered nerve-cells. Such a nerve net is seen in many parts of sea-anemones (Fig. 1, *E*) and is well developed in the jellyfish (Fig. 1, *F*). According to Bolzer (1927) the processes of the individual cells are not fused but are in close contact, so that an impulse must pass from one cellular unit to another across a synaptic interval. But the interconnections between the cells in the net are so numerous that conduction, although it can occur in one direction only through a synapse, is diffuse when the net as a whole is considered. An impulse is propagated in all directions through the nerve net. In

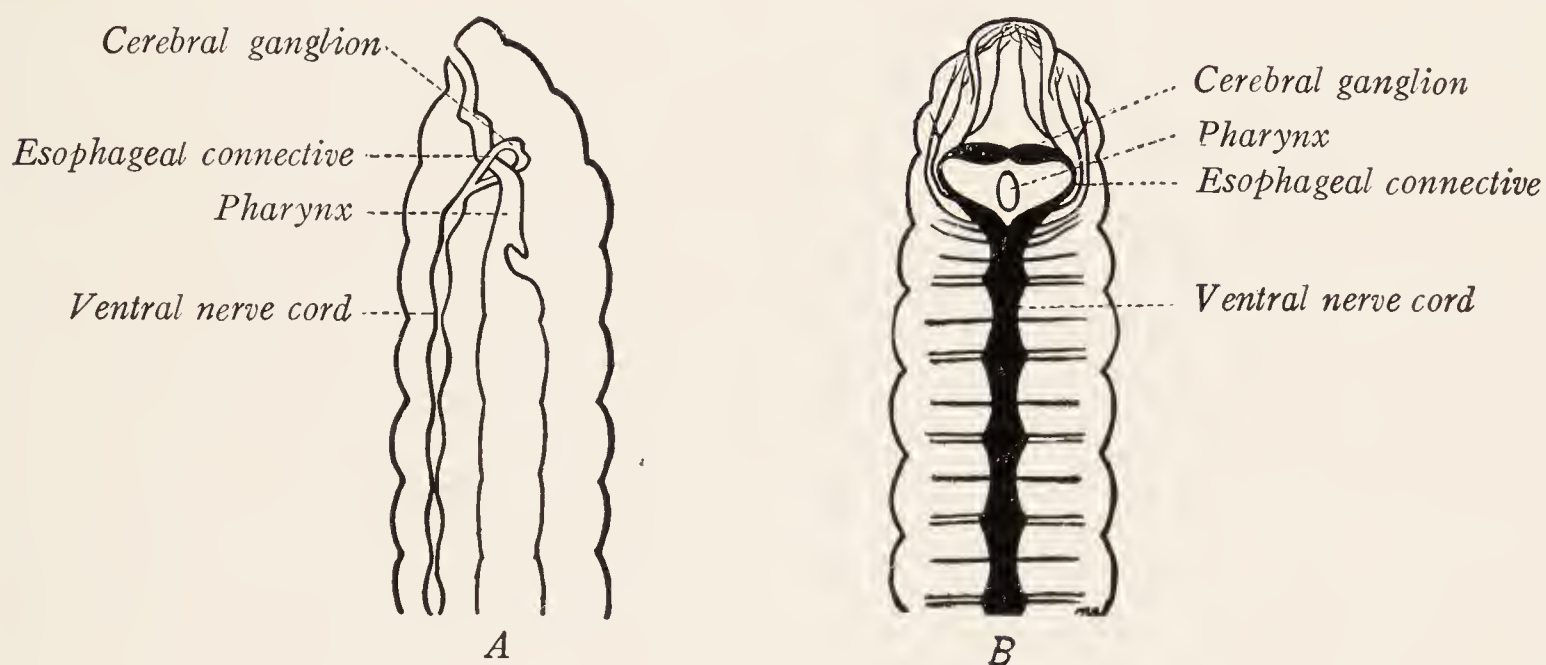


Fig. 2.—Anterior portion of the nervous system of the earthworm: *A*, Lateral view; *B*, dorsal view.

this respect the *diffuse nervous system* of the coelenterates is in contrast with the more *centralized system* in the worms.

The sensory cells are not so directly connected with muscle-fibers in the worms as in the sea-anemones, for between receptor and effector there is here interposed a *central nervous system*. This system, as it appears in the earthworm, is illustrated in Fig. 2. It consists of a pair of cerebral ganglia dorsal to the buccal cavity and a row of ventrally placed ganglia bound together by a ventral nerve cord. The most anterior of the ventral series of ganglia is connected to the dorsal ones by nerve strands on either side of the esophagus. The ganglia of the ventral cord are placed so that one occurs in each body segment, and from each, three pairs of nerves run to the skin and muscles of that segment. The arrangement of the constituent elements can best be studied in transverse sections (Fig. 3). The sensory cells are located in the skin, and from each of them a fiber runs along one of the nerves into the ganglion, within which it branches, helping to form

a network known as the neuropil. Within each ganglion are found large nerve-cells from which fibers run through the nerves to the segmental musculature. Here we have the necessary parts for the simplest reflex arc. Stimulation of the sensory cell causes nerve impulses to travel through its fiber to the neuropil, thence to a motor cell, and finally along a process of the latter to the muscle. In other words, we have a receptor, conductor, center, another conductor, and finally an effector; and all this is for the purpose of bringing the muscle-fiber under the influence of such environmental changes as are able to stimulate the sensitive receptor.

In addition to the primary sensory and motor elements just enumerated the ganglia contain nerve-cells the fibers of which run from one ganglion to another and serve to associate these in co-ordinated activity. These internuncial elements serve to establish functional connections among the different parts of the ganglionated nerve cord that constitutes the central nervous apparatus; and they lie

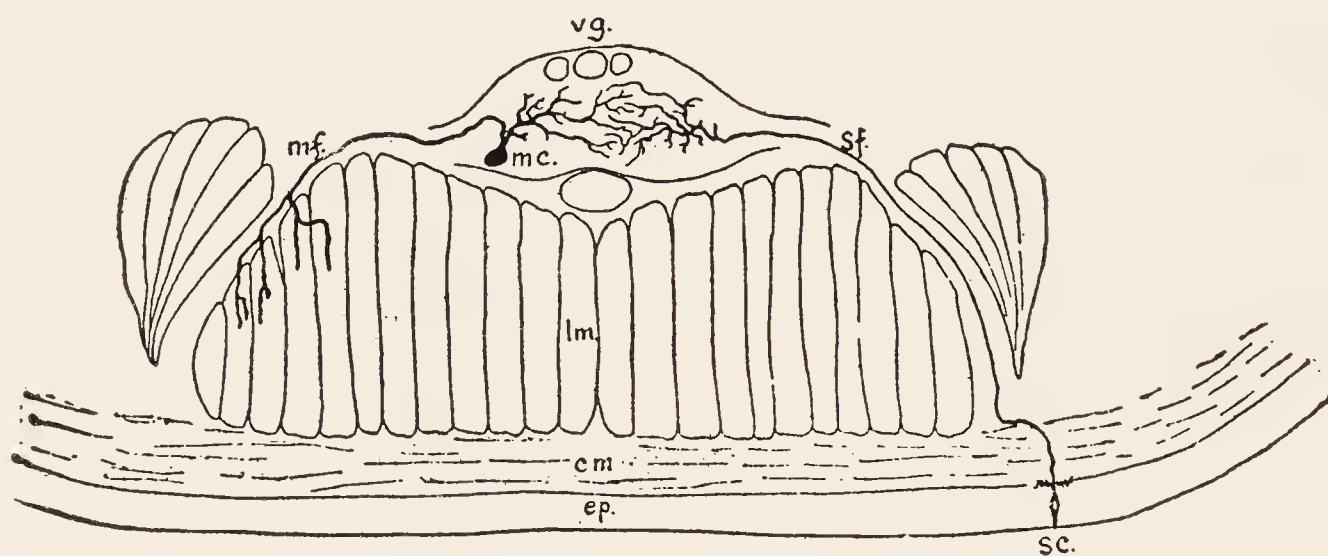


Fig. 3.—Transverse section of the ventral chain and surrounding structures of an earthworm: *cm*, Circular muscles; *ep*, epidermis; *lm*, longitudinal muscles; *mc*, motor cell-body; *mf*, motor nerve-fiber; *sc*, sensory cell-body; *sf*, sensory nerve-fiber; *vg*, ventral ganglion. (Parker.)

entirely within this central organ. The slow waves of contraction that pass from head to tail as the worm creeps forward may be advanced from segment to segment by such internuncial or association elements.

The nervous system of the earthworm differs from that of the coelenterate in many ways, but the fundamental difference is one of centralization. In the former the greater part of it has separated from the skin and become concentrated in a series of interconnected ganglia which serve as a *central nervous system*. These ganglia receive nerve-fibers, coming from the sense organs, and give off others, going to the muscles; and the fibers are brought together and grouped into nerves for convenience of passage. The neuropil within a ganglion offers a variety of pathways to each incoming impulse which may accordingly find its way out along one or more of several motor fibers. The spreading of nerve impulses through the chain of ganglia is facilitated by the presence of the association fibers already mentioned. Nevertheless, conduction is not diffuse as in the nerve net of the medusa, but occurs along definite and more or less



restricted lines. In the ganglionated cord of the earthworm, as here described, we find many of the features characteristic of the central nervous system of higher forms.

The vertebrate nervous system has much in common with that of the earthworm. The central nervous system of the annelid is split off from the ectoderm by a process of delamination, as will be seen by comparing the ventral nervous cord of the marine worm, *Sigalion*, with that of the earthworm (Figs. 3, 4). Through a comparable process of infolding of the ectoderm to form a neural tube there is developed the central nervous system of the vertebrate (Fig. 6). The dorsal position of the neural tube in vertebrates as compared with the ventral position of the solid nerve cord of the annelid offers some difficulty and

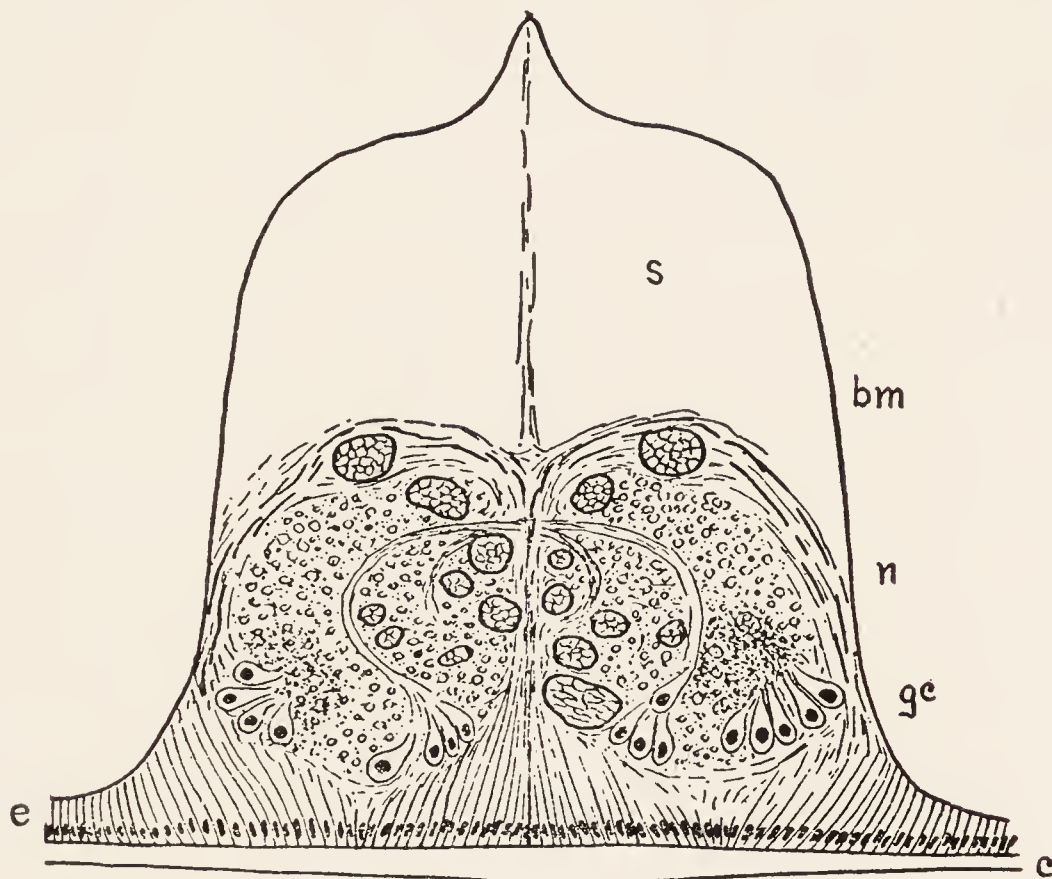


Fig. 4.—Transverse section of the ventral nervous cord of *Sigalion*: *bm*, Basement membrane; *c*, cuticula; *e*, epidermis; *gc*, ganglion cells; *n*, nerve-fibers and neuropil; *s*, space occupied by vacuolated supporting tissue. (Parker, Hatschek.)

has led to ingenious theories in explanation of their phylogenetic relationship, theories which we need not consider here (Gaskell, 1908). In primitive chordates, such as the amphioxus, we already have a simple, dorsally placed, neural tube associated with segmental nerves. In true vertebrates the anterior end of the neural tube becomes irregularly enlarged to form the brain, while the posterior end remains less highly but more uniformly developed and forms the spinal cord.

The primary motor nerve-cells of vertebrates resemble very closely those of invertebrates in being located within the central nervous system and in sending motor nerve-fibers to the muscles (Fig. 34). The primary sensory cells lie outside the central system, as in invertebrates. Those for smell are located in the olfactory epithelium. But all others have migrated centrally along the sensory fibers, and

now send one process toward the periphery and another into the central system. The relative positions of these cells in the annelid, mollusc, and vertebrate are illustrated in Fig. 5. In the latter the sensory cells are aggregated into masses known as the cerebrospinal ganglia, which are associated with peripheral nerves and are usually placed near the point of origin of these nerves from the brain or spinal cord. A comparison of Figs. 3 and 34 will show a striking similarity between the simple reflex arc in the earthworm and in man. If space permitted we might trace the development of the central nervous system in some detail, but perhaps enough has been given to suggest that the nervous system of man represents the

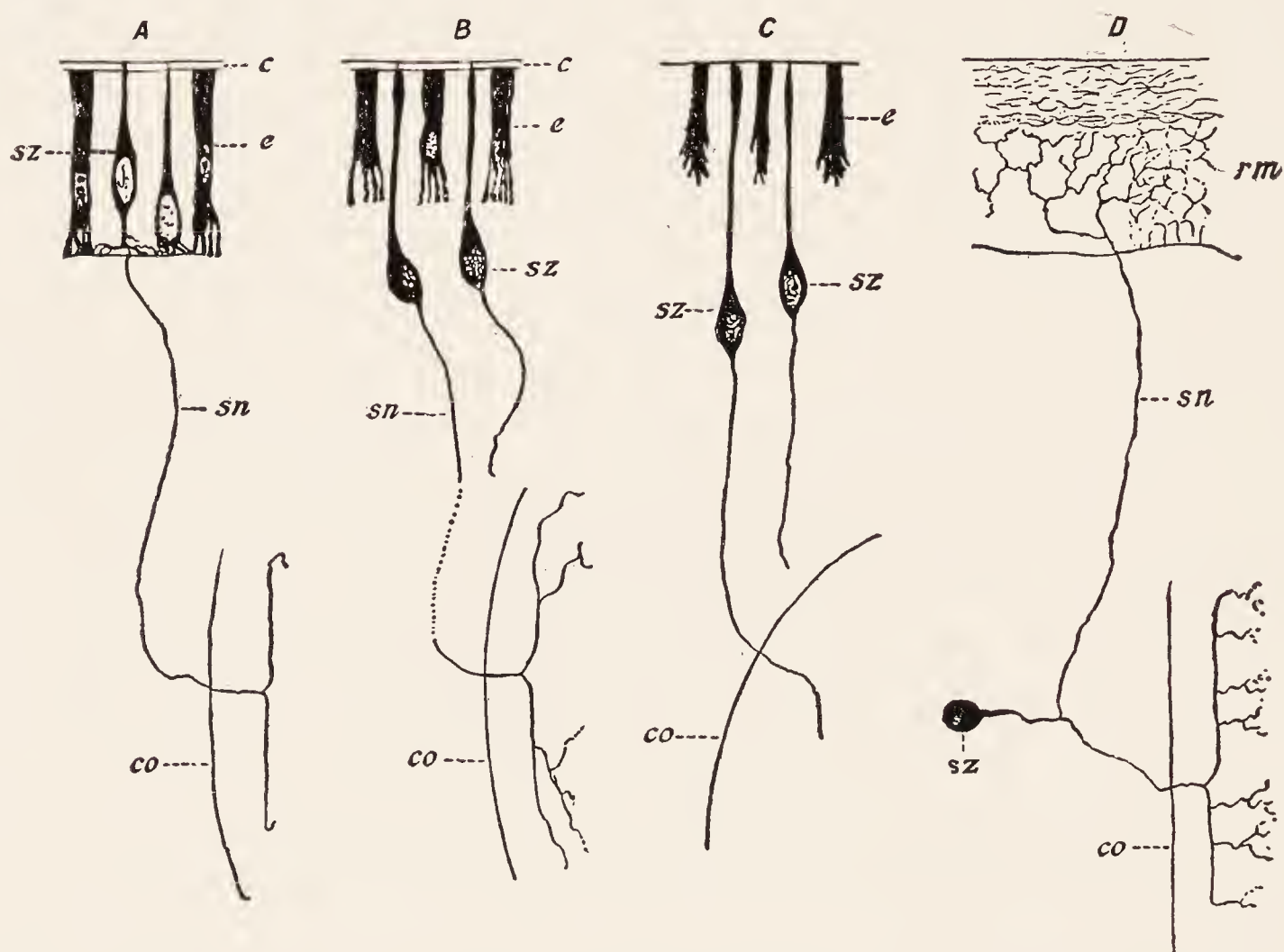


Fig. 5.—Peripheral sensory neurons of various animals: *A*, Oligochaetic worms (*Lumbricus*); *B*, polychaetic worms (*Nereis*); *C*, molluscs (*Limax*); *D*, vertebrates. The figure illustrates the gradual change in the position of the sensory cells in the phylogenetic series: *e*, Epithelial cells of sensory surface; *c*, cuticula; *sz*, cell-body of peripheral sensory neuron; *rm*, rete Malpighii of epidermis; *sn*, axon; *co*, central nervous system. (Barker, Retzius.)

culmination of a long process of evolution which began with a simple sensory mechanism like that of the sea-anemones.

We shall be concerned primarily with a study of the human nervous system. In man we are so accustomed to think of the nervous system as the organ and agent of the mind that its true physiologic position is often forgotten. In this introductory chapter we have attempted to show that the primary function of the nervous system is to receive stimuli, arising from changes in the environment or within the organism, and to transmit these to effectors which bring about the adjustments necessary for life. Biologically speaking, the nervous system is not to be regarded as an intelligence bureau, which gathers information



for a sovereign mind, enthroned within the brain, nor yet as a chief executive officer to carry out that sovereign's decrees. Sensory impulses from many sources reach the brain, where they pass back and forth through a multitude of association paths, augmenting or inhibiting each other before they finally break through into motor paths. Previous experience of the individual, having left its trace in the organization of the central nervous system, alters the character of present reactions. It is in connection with the neural activity involved in these complex associational processes that consciousness makes its appearance.

## CHAPTER II

### THE NEURAL TUBE AND ITS DERIVATIVES

**Infolding of the Neural Tube.**—The vertebrate nervous system develops from a thickened plate of ectoderm along the middorsal line of the embryo. By the infolding of this *neural plate* there is formed the neural groove, which becomes transformed into the *neural tube* (Fig. 6). The neural tube detaches itself from the superficial ectoderm and gives rise through a thickening of its walls to the brain and spinal cord. The latter is formed by a process of uniform thickening in the walls of the caudal portion of the tube, while the former results from the more rapid but uneven growth of the rostral portion (Fig. 7). The transformation of groove into tube begins near the middle of the embryonic

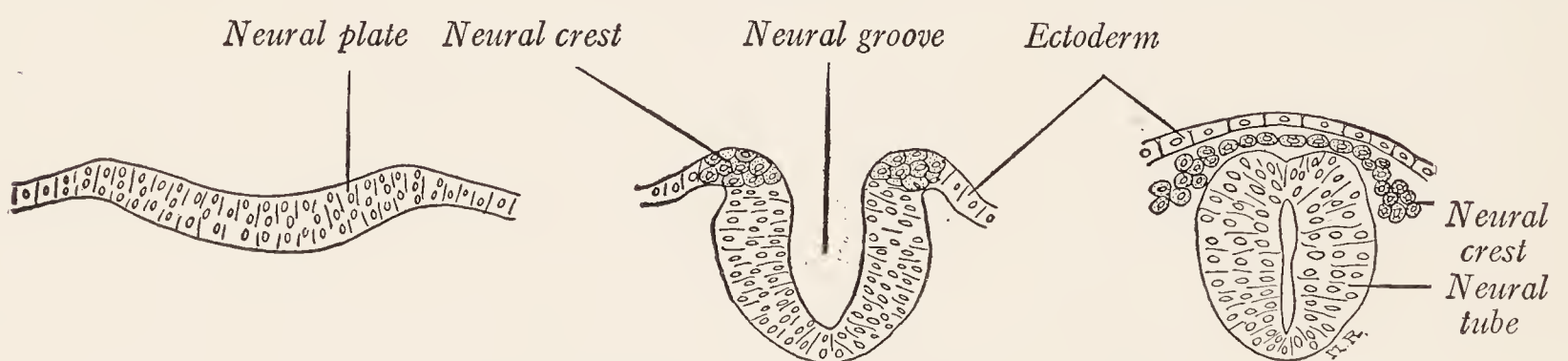


Fig. 6.—Development of neural tube and neural crest.

body and from this point closure proceeds in both directions. The last points to close are situated at either end and are known as the neuropores. As a result of its rapid and uneven growth the rostral end of the neural groove shows three enlargements, which as closure progresses become transformed into sacs, the three primary brain vesicles.

**Brain Vesicles.**—At an early stage in the development of any vertebrate embryo the enlarged rostral portion of the neural tube consists of three bulb-like swellings or vesicles, which together represent the brain, and are named from before backward, the *prosencephalon* or forebrain, *mesencephalon* or midbrain and *rhombencephalon* or hindbrain (Fig. 8). The more rostral vesicle becomes subdivided by a constriction into the *telencephalon* and *diencephalon* (Fig. 8, B, C). The rhombencephalon is less sharply subdivided into a rostral part, which includes the cerebellum, and is known as the *metencephalon*, and a more caudal portion, the *myelencephalon*. The optic nerves and retinae develop as paired evaginations from the prosencephalon at the boundary between the telencephalon and diencephalon (Fig. 14).

**The Cerebral Hemispheres.**—The *telencephalon* includes a thickened portion of the ventrolateral wall loosely designated as the corpus striatum or, since there



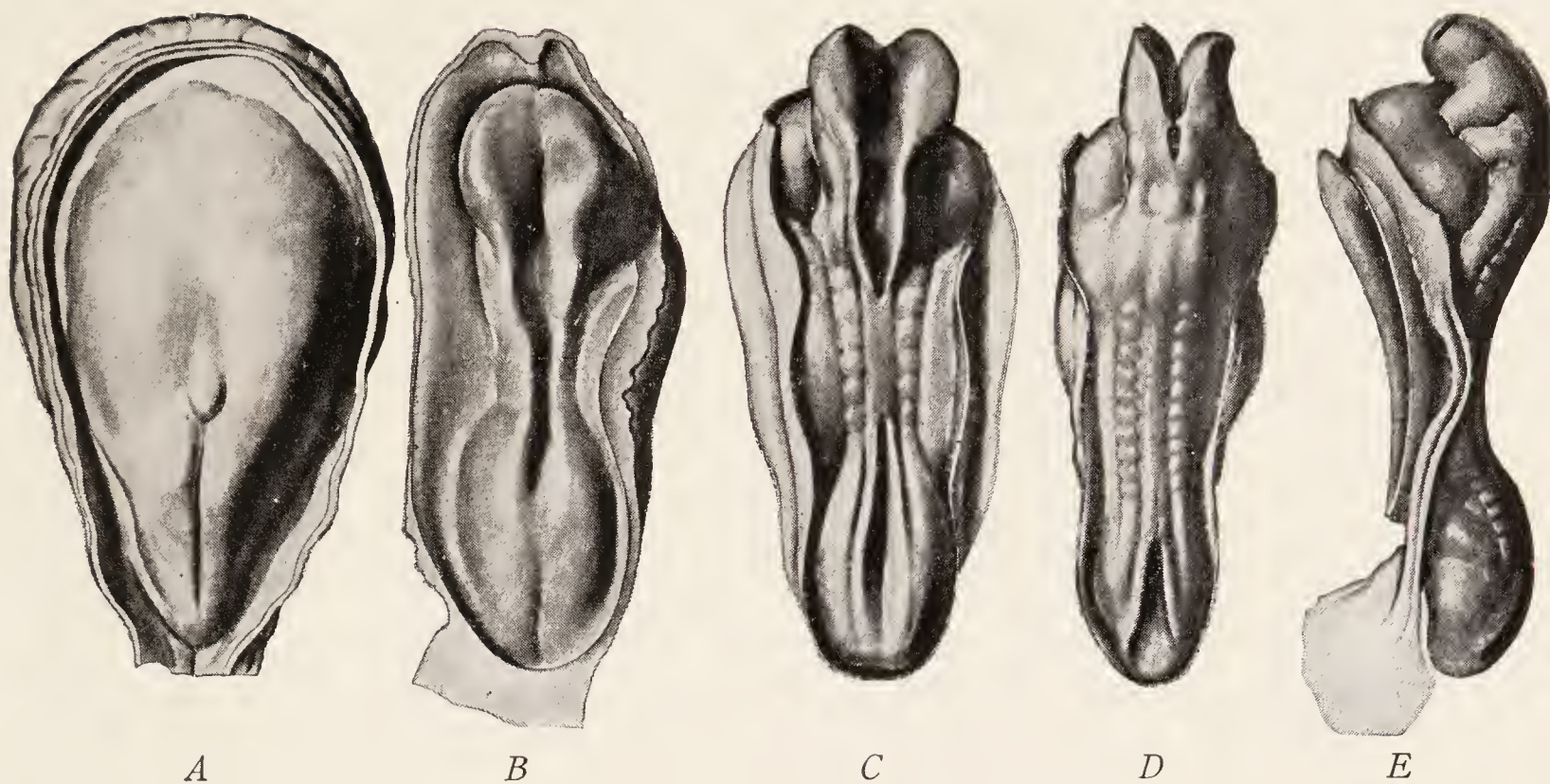


Fig. 7.—Developmental stages of the human neural tube. Differences in size are masked by the greater enlargement of the younger embryos. (Streeter, Arey.)

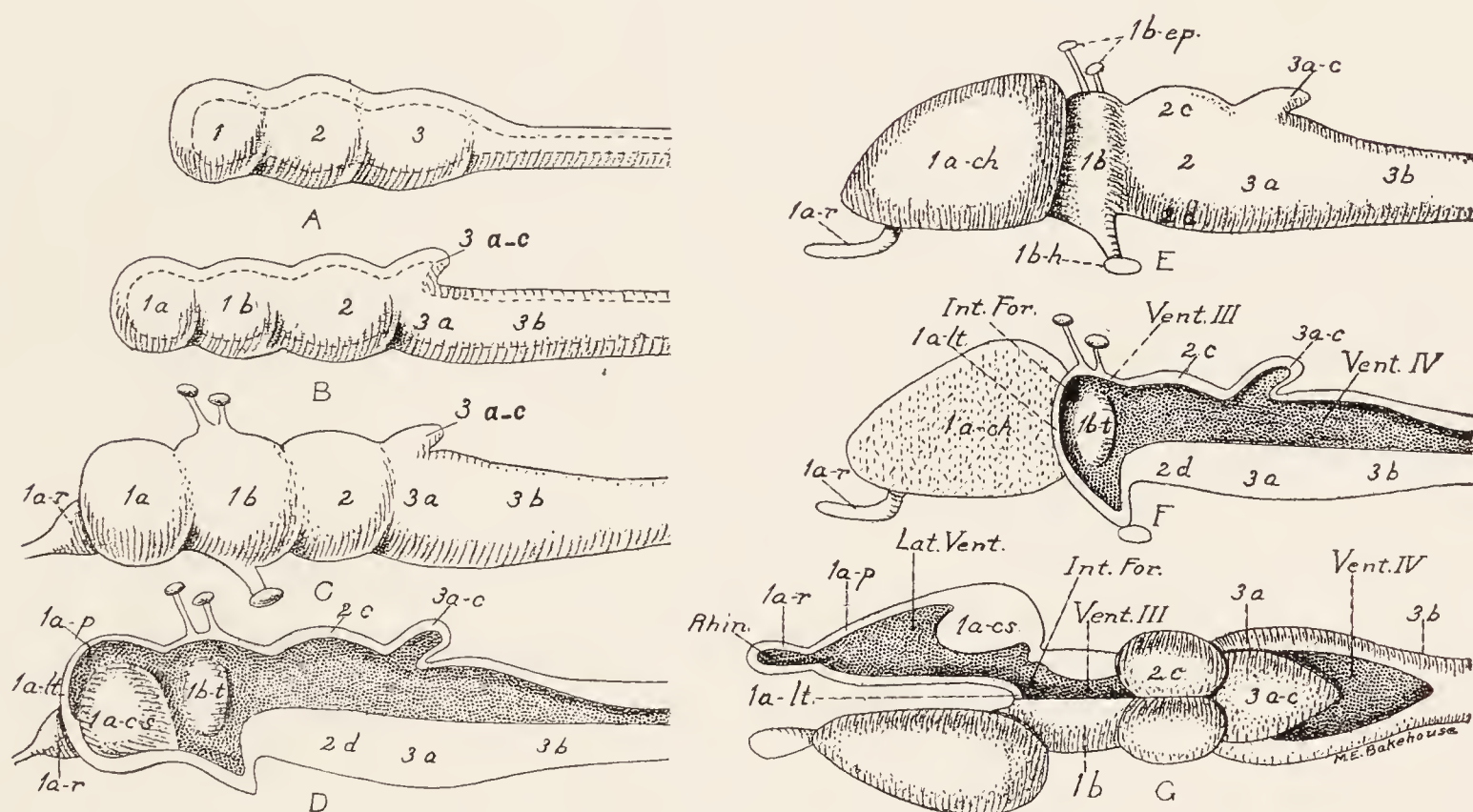


Fig. 8.—Diagrams illustrating the development of the vertebrate brain: *A*, First stage, side view, the cavity indicated by dotted line; *B*, second stage; *C*, third stage, side view of a brain without cerebral hemispheres; *D*, the same in sagittal section; *E*, fourth stage, side view of a brain with cerebral hemispheres; *F*, the same in sagittal section; *G*, dorsal view of the same with the cavities exposed on the right side. *Rhin.*, rhinocœle; *Lat. Vent.*, lateral ventricle; *Int. For.*, interventricular foramen; *Vent. III*, third ventricle; *Vent. IV*, fourth ventricle. *1*, Prosencephalon; *1 a*, Telencephalon; *1 a-r*, Rhinencephalon; *1 a-p*, Pallium; *1 a-lt*, Lamina terminalis; *1 a-ch*, Cerebral hemisphere; *1 a-cs*, Corpus striatum; *1 b*, Diencephalon; *1 b-ep*, Epithalamus; *1 b-h*, Hypophysis; *1 b-t*, Thalamus. *2*, Mesencephalon; *2 c*, Optic lobes; *2 d*, Crura cerebri. *3*, Rhombencephalon; *3 a*, Metencephalon; *3 a-c*, Cerebellum; *3 b*, Myelencephalon.

is one of these on either side, the corpora striata (Fig. 8, *D*). Another part of the wall is relatively thin and is known as the pallium, while the part directly



associated with the olfactory nerve belongs to the rhinencephalon. The most important factor in the evolution of the vertebrate brain is the progressive evagination of the lateral walls of the telencephalon to form paired masses, the *cerebral hemispheres*. In primitive forms like the sturgeon, one of the ganoids, only a part of the rhinencephalon has been evaginated, and in them the hemisphere consists only of an olfactory bulb. This stage of development is roughly indicated in Fig. 8, *C, D*. In the selachians, as illustrated in Figs. 9, 10, 11, and 12, the evagination has progressed further than in the sturgeon. Still further progress in this direction has been made by the amphibians, the cerebral hemispheres of which have reached about the stage of development indicated in Fig. 8, *E, F, G*. Here the entire lateral wall, including the pallium and corpus striatum, has been evaginated in the formation of the cerebral hemisphere.

**The Brain Ventricles.**—The portions of the originally simple cavity of the forebrain which are contained within the evaginated cerebral hemispheres are known as the *lateral ventricles* (Fig. 8, *G*). These paired ventricles communicate with the median prosencephalic cavity by openings known as the *interventricular foramina*. This median cavity, called the *third ventricle*, represents for the most part the cavity of the diencephalon, but its rostral part, bounded by the lamina terminalis, belongs to the telencephalon. This lamina also belongs to the telencephalon and represents in a certain sense the rostral end of the brain. Its position should be carefully noted in each of the diagrams. The cavity of the hindbrain is known as the *fourth ventricle* and that of the midbrain as the *cerebral aqueduct*. The latter connects the third and fourth ventricles. It will help us to understand the morphology of the vertebrate brain if we now consider the shape and arrangement of the various parts of a simple brain like that of the dogfish.

#### THE BRAIN OF THE DOGFISH—*SQUALUS ACANTHIAS*

The telencephalon of the selachian brain is evaginated to form a pair of laterally placed masses, the cerebral hemispheres, and in this respect is at a stage of development not far removed from that represented in diagrams, *E, F*, and *G* of Fig. 8. The long axis of the brain is almost straight; and this freedom from ventrodorsal curvatures makes it especially easy to recognize the various fundamental divisions already enumerated and to understand their relationship.

The **medulla oblongata**, which together with the cerebellum forms the rhombencephalon, is continuous at the caudal extremity with the cylindric spinal cord, and within it the central canal of the spinal cord opens out into the fourth ventricle (Fig. 9). The medulla, which has somewhat the shape of a truncated cone, is considerably larger than the cord, but decreases in size as it is traced backward toward their point of junction. In the mammal a conspicuous transverse bundle of fibers, associated with the cerebellum, is found on the ventral and lateral aspects of the metencephalic portion of the medulla which for this reason is separately designated as the pons. But in the fish it is customary to consider the medulla oblongata as extending from the spinal cord to the mesencephalon.



It forms the ventral and lateral walls of the fourth ventricle; and when the roof of this cavity has been removed these walls are seen to surround a long and rather broad depression—the fossa rhomboidea or floor of the fourth ventricle—which tapers caudally like the point of a pen (Fig. 10).

The **cerebellum** forms an elongated mass the rostral end of which overhangs the optic lobes, while the caudal extremity projects over the medulla oblongata (Fig. 9). Its dorsal surface is grooved by a pair of sulci arranged in the form

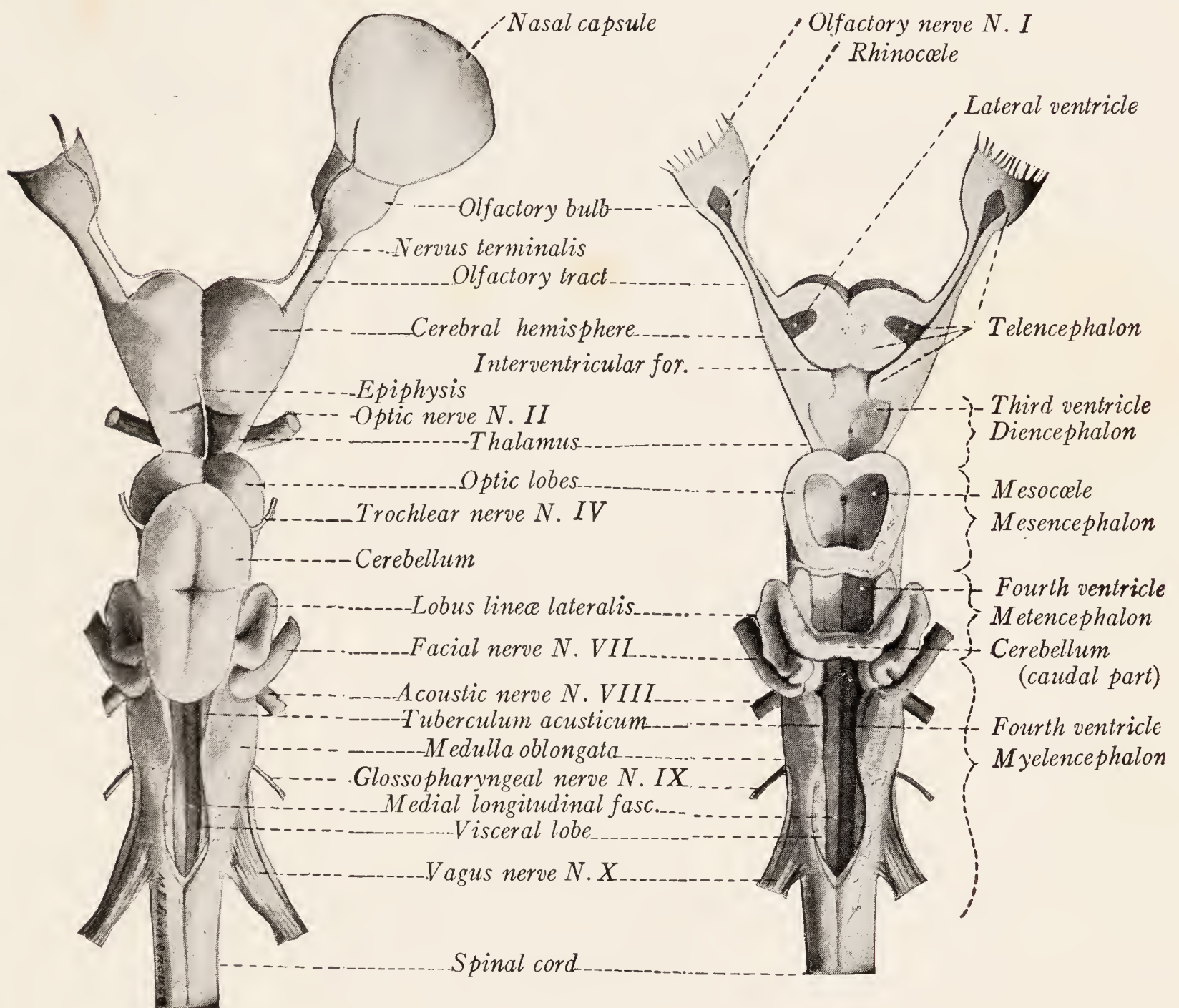


Fig. 9.—The brain of the dogfish, *Squalus acanthias*, dorsal view.

Fig. 10.—The brain of the dogfish, *Squalus acanthias*, with the ventricles opened, dorsal view.

of a cross. It contains a cavity, a part of the original rhombencephalic vesicle, which communicates with the fourth ventricle proper through a rather wide opening (Fig. 12). Behind the cerebellum the fourth ventricle possesses a thin membranous roof which was torn away in the preparation from which Fig. 9 was drawn.

**Mesencephalon.**—The *optic lobes* on the dorsal aspect of the mesencephalon are a pair of rounded masses separated by a median sagittal sulcus. They repre-



sent the bulging roof of the mesencephalic cavity and are accordingly spoken of as the tectum mesencephali. Within this roof end the fibers which come from the retinae through the optic nerves. The floor of the cavity is formed by the ventral part of the mesencephalon. This appears like a direct continuation of

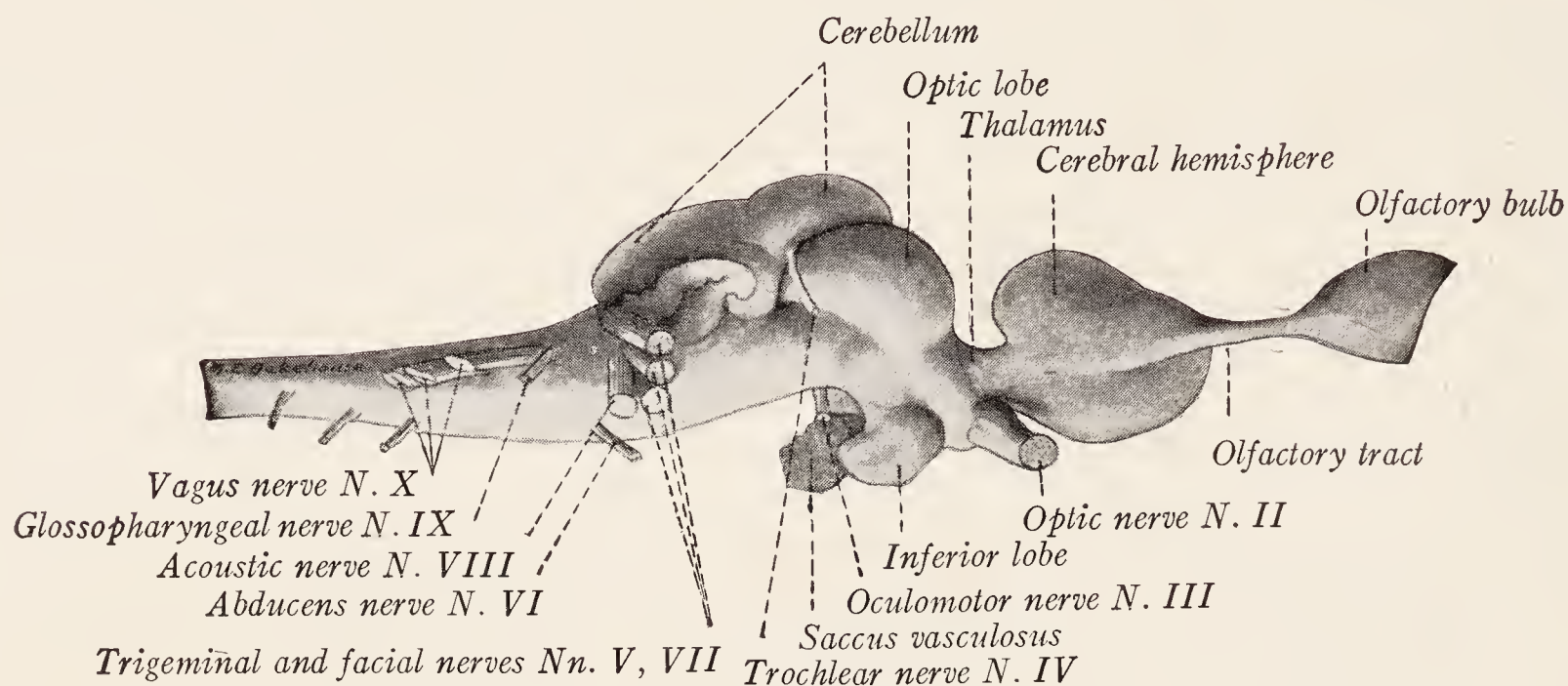


Fig. 11.—The brain of the dogfish, *Squalus acanthias*, lateral view.

the medulla oblongata, and in the mammal bears the designation *crura cerebri*. Emerging from the roof of the mesencephalon between the cerebellum and optic lobe is the fourth or *trochlear nerve*, and from the ventral aspect of this division of the brain arises the third or *oculomotor nerve*.

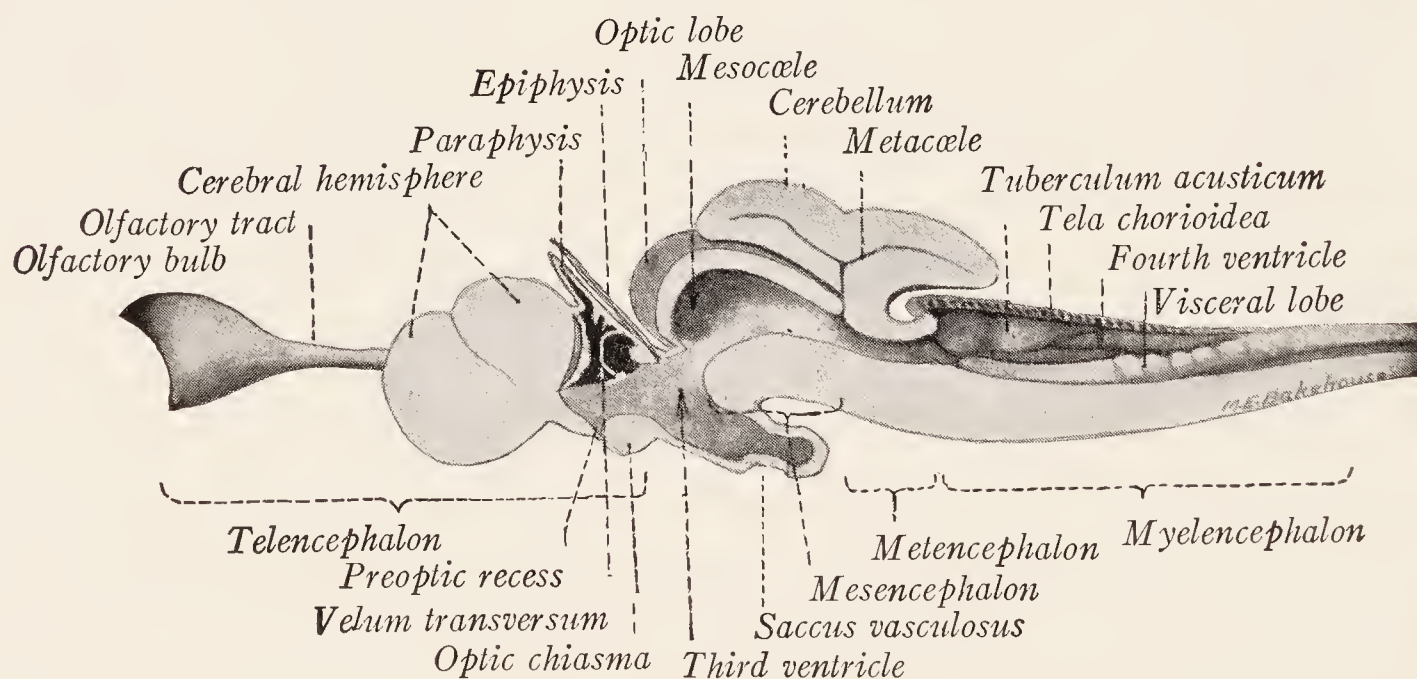


Fig. 12.—The brain of the dogfish, *Squalus acanthias*, medial sagittal section.

**The Diencephalon.**—The thin roof of the diencephalon, which can easily be torn away so as to expose the third ventricle (Figs. 9, 10), is attached by its caudal margin to a ridge containing a pair of knob-like thickenings, the *habenular nuclei* and a commissure connecting the two. From a point just caudal to the middle of this commissure there projects forward over the membranous



roof of the ventricle a slender tube, the *epiphysis cerebri* or pineal body (Fig. 12) which comes in contact with the roof of the skull and ends in a slightly dilated extremity. The epiphysis and habenular nuclei belong to the *epithalamus*. The *thalamus* forms the thick lateral wall of the third ventricle and is traversed by the optic tracts on their way to the optic lobes. The *hypothalamus* is relatively large in the shark and presents, in addition to a pair of laterally placed oval masses, or inferior lobes, a thin walled vascular outgrowth, the *saccus vasculosus* (Figs. 11, 12). Closely related to the ventral aspect of the hypothalamus is a glandular mass, derived by a process of evagination from the oral epithelium,

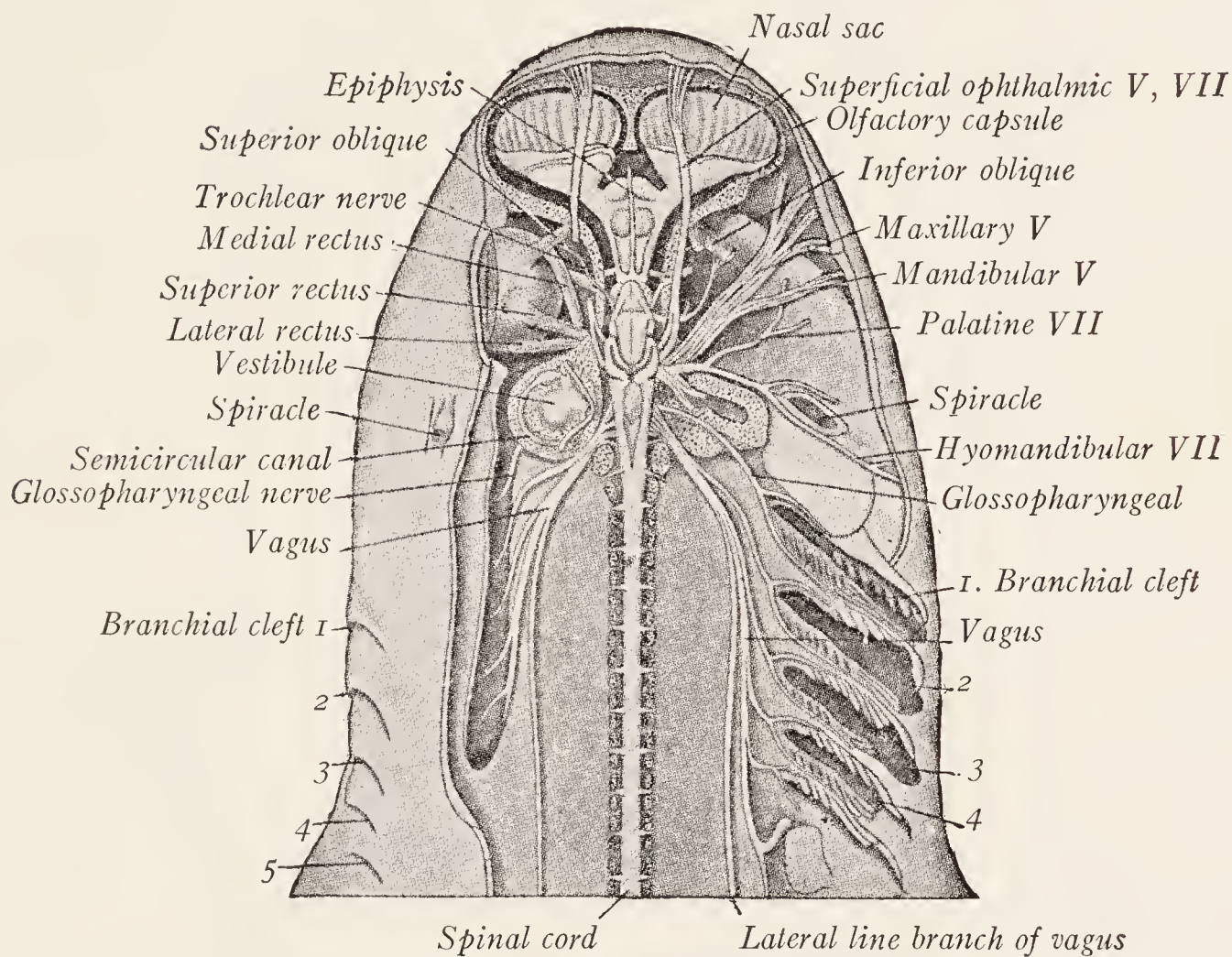


Fig. 13.—Dissection of the brain and cranial nerves of the dogfish, *Scyllium catulus*. The eye is shown on the left side, but has been removed on the right. (Marshall and Hurst, Parker and Haswell.)

and known as the *hypophysis*. On the ventral surface of the hypothalamus the optic nerves meet and cross in the *optic chiasma*.

The **telencephalon** includes all of the brain in front of the *velum transversum*, a transverse fold projecting into the third ventricle from the membranous roof (Fig. 12), and consists of a median unpaired portion, and of the two *cerebral hemispheres* with their *olfactory bulbs*. The hemispheres are the evaginated portions of the telencephalon which, though partially separated from each other by a median sagittal fissure, are closely united by a massive plate that forms the medial walls of both lateral ventricles and enters into the boundary of each interventricular foramen (Fig. 10). From the lateral side of the rostral end of the hemisphere there projects forward the long and slender olfactory tract with a terminal enlargement, the *olfactory bulb*. This lies in contact with the



nasal sac to which it gives off a number of fine nerve bundles, which together constitute the *olfactory* or *first cranial nerve*. At the rostral end of the brain an additional nerve makes its exit from the hemisphere. It is known as the *nervus terminalis* and can be followed forward over the olfactory tract and bulb to the nasal sac (Fig. 9). A good idea of the shape and connections of the various brain ventricles and of the relation of the various parts of the brain to each other can be obtained from a study of Figs. 10 and 12.

The roof of the selachian forebrain presents a number of structures of great morphologic interest, two of which have already been mentioned, namely, the epiphysis and velum transversum. The former is an outpocketing of the roof of the diencephalon; the latter is an infolding and marks the line of separation between the two divisions of the prosencephalon. Rostral to the velum the roof of the telencephalon is evaginated to form a thin-walled sac, the *paraphysis*. The velum and paraphysis are readily identified in the mammalian embryo, but become obscured in the course of later development.

#### DEVELOPMENT OF THE NEURAL TUBE IN THE HUMAN EMBRYO

In its embryonic development the nervous system of man presents something like a synopsis of the early chapters of its phyletic history. Except that it is flexed on itself, the brain of the *human embryo of five weeks* (Fig. 14) shows a

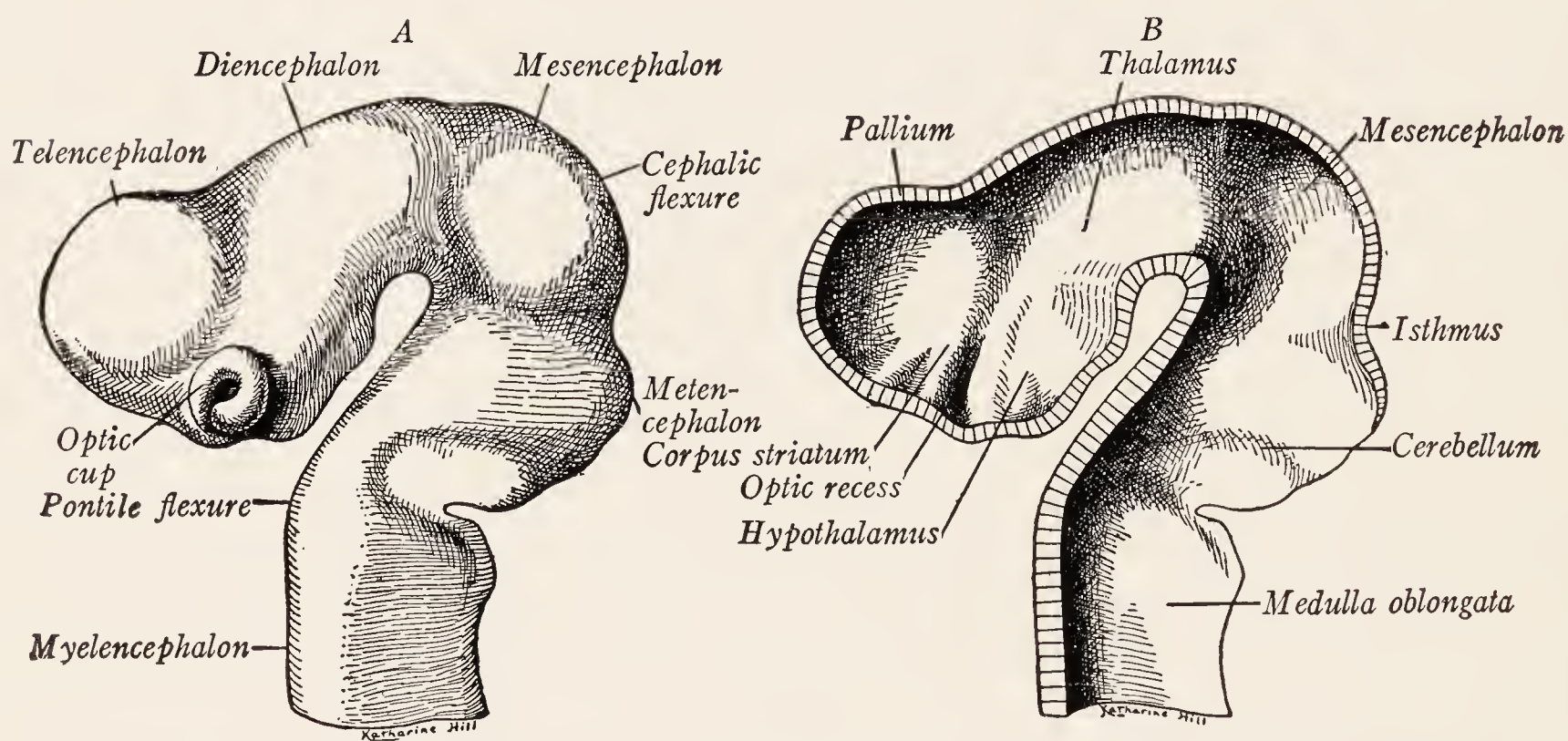


Fig. 14.—Reconstructions of the brain of a 7 mm. embryo: A, Lateral view; B, in median sagittal section. (His, Prentiss-Arey.)

marked resemblance to the diagram of a vertebrate brain without cerebral hemispheres (Fig. 8, C, D). The prosencephalic vesicle is divided by a constriction into the telencephalon and diencephalon with freely intercommunicating cavities. The mesencephalon is well defined and presents a sharp bend, the cephalic flexure. The rhombencephalon shows signs of separation into the metencephalon and myelencephalon and is slightly bent dorsally at the pontile flexure. Another curvature which develops at the junction of the brain and



spinal cord is known as the cervical flexure (Fig. 15). The pontile flexure later straightens and is not found in the adult brain. The two others become less pronounced as development progresses; the cervical flexure is nearly lost and the cephalic flexure greatly reduced (Fig. 96).

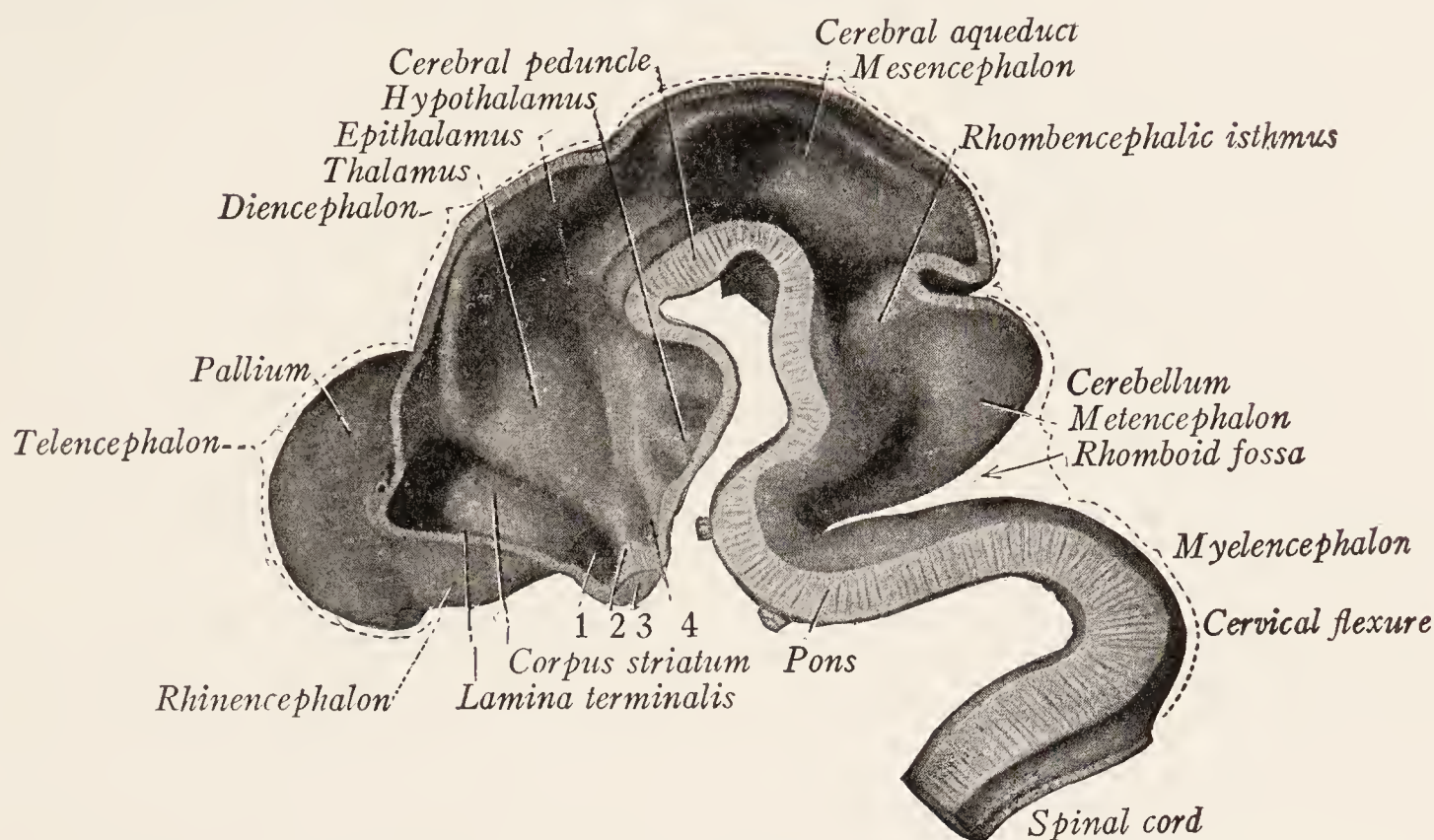


Fig. 15.—A median section of the brain of a 13.6 mm. human embryo: 1, Optic recess; 2, ridge formed by optic chiasma; 3, optic chiasma; 4, infundibular recess. (His, Sobotta.)

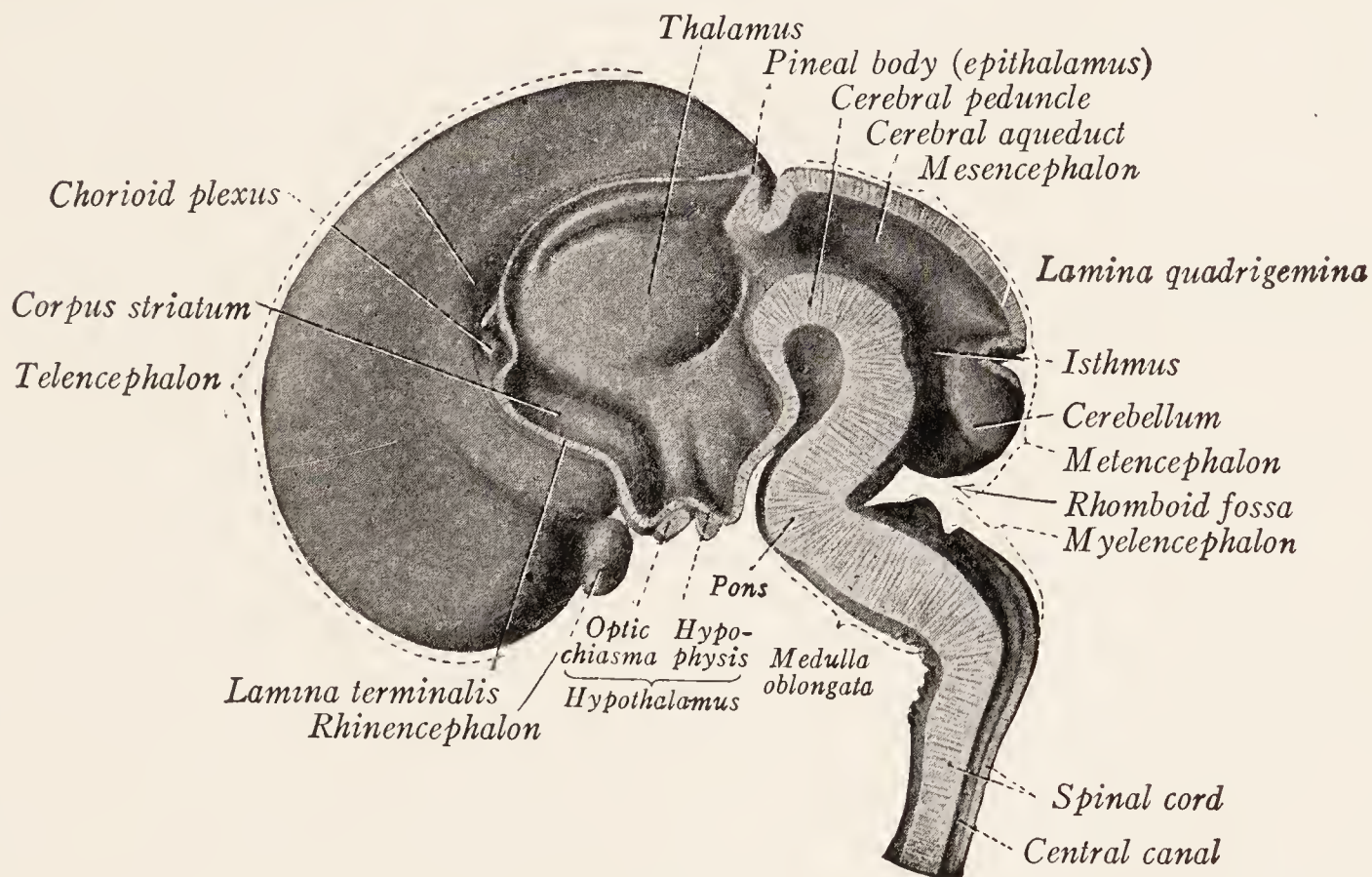


Fig. 16.—The brain of a fetus of the third month in median sagittal section. (His, Sobotta.)

From the walls of the prosencephalon there develop outpocketings on either side, which form the optic cups and which are connected with the brain by the optic stalks. From the cup develops the retina and through the stalk grow the fibers of the optic nerve. These structures are, therefore, genetically parts of the brain.



The Telencephalon of the Human Embryo.—By the time the embryo has reached a length of 13 mm. the brain has passed into the stage represented by

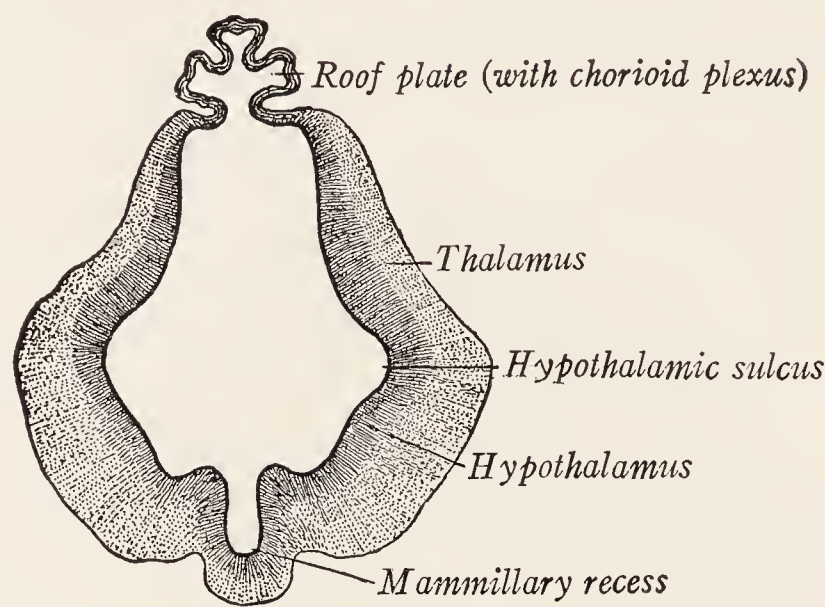


Fig. 17.—Transverse section through the diencephalon of a 13.8 mm. embryo. (His, Prentiss-Arey.)

diagrams *E, F, G* of Fig. 8. The lateral wall of the telencephalon, with the *corpus striatum* and olfactory brain or *rhinencephalon*, has been evaginated on

TABLE SHOWING SUBDIVISIONS OF THE NEURAL TUBE AND THEIR DERIVATIVES (Modified from a Table in Keibel and Mall, *Human Embryology*)

	Primary vesicles.	Subdivisions.	Derivatives.	Lumen.
Brain . . . . .	Prosencephalon. . . . .	Telencephalon . . . . .	Cerebral cortex, Corpora striata, Rhinencephalon.	Lateral ventricles, Rostral portion of the third ventricle.
		Diencephalon . . . . .	Epithalamus, Thalamus, Metathalamus, Hypothalamus, Optic chiasma, Tuber cinereum, Posterior lobe of hypophysis, Mammillary bodies.	The greater part of the third ventricle.
	Mesencephalon	Mesencephalon . . . . .	Corpora quadri- gemina, Crura cerebri.	Cerebral aqueduct.
	Rhombencephalon . . . . .	Metencephalon Myelencephalon	Cerebellum, Pons, Medulla oblongata.	Fourth ventricle.
Spinal cord			Spinal cord.	Central canal.

either side to form paired structures, the cerebral hemispheres (Fig. 15). Except for the corpus striatum and rhinencephalon the evaginated wall is relatively

thin, is known as the *pallium*, and develops into the cerebral cortex. The *lateral ventricles* within the hemispheres represent portions of the original telencephalic cavity and communicate with the third ventricle through the interventricular foramina, which at this stage are relatively large. The lamina terminalis connecting the two hemispheres in front of the third ventricle, represents the original anterior boundary of the telencephalon. Immediately behind this lamina is a portion of the telencephalic cavity which forms the anterior part of the third ventricle. The further development of these structures is readily traced in Fig. 16, which represents the brain of a human fetus of the third month. Comparing this figure with Fig. 96, in which the primary embryological divisions of the brain are clearly labeled, it will be seen that the most striking feature of the development of the telencephalon is the great increase in size of the cerebral hemisphere.

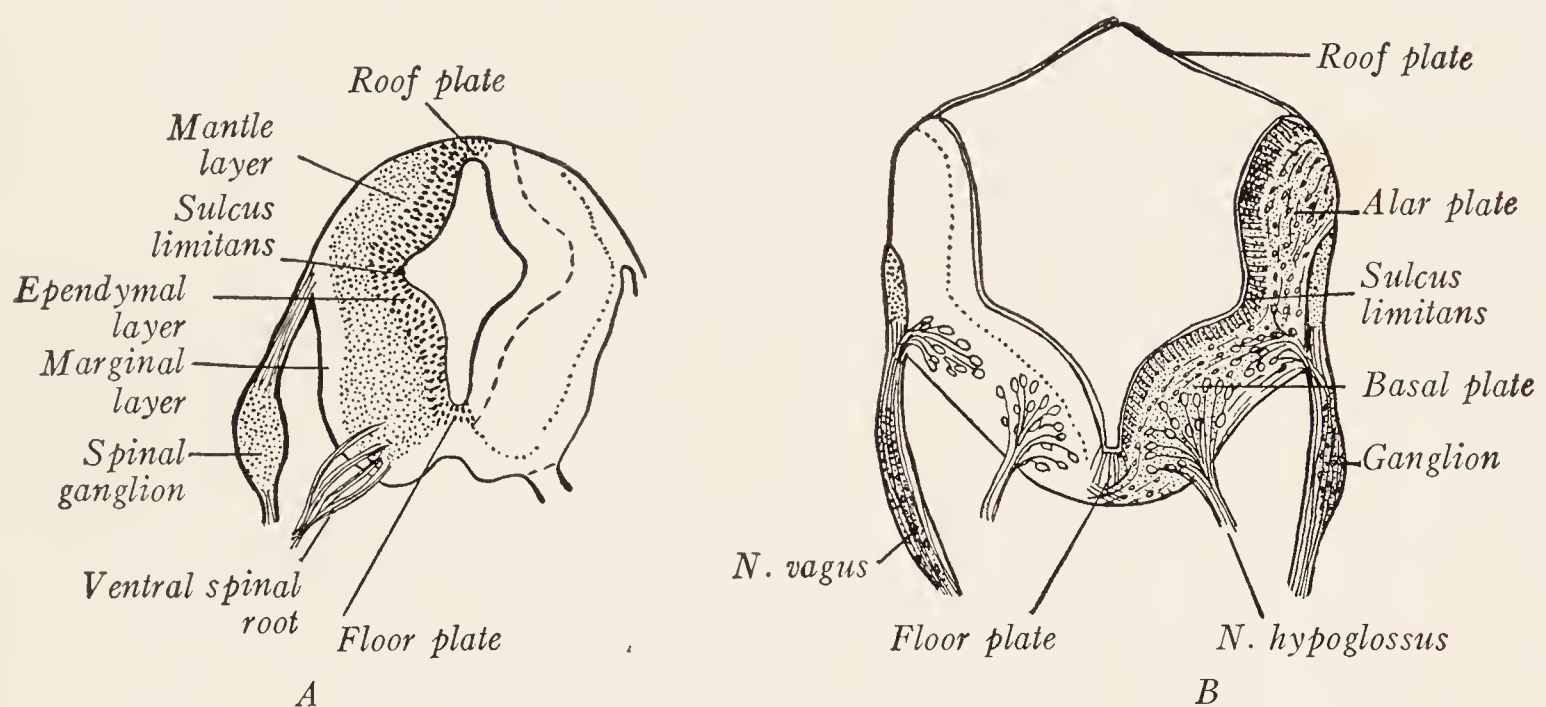


Fig. 18.—Transverse sections of the neural tube showing the arrangement of the alar and basal lamina: *A*, Through the upper cervical region of the spinal cord in a 10 mm. human embryo (after Prentiss); *B*, through the myelencephalon of a 10.6 mm. human embryo (after His).

**The Diencephalon.**—The three principal divisions of the diencephalon—the *thalamus*, *epithalamus*, and *hypothalamus*—faintly indicated in an embryo of 13.6 mm., are well defined by the third month (Fig. 16). In transverse sections this division of the embryonic brain is seen to be composed of a pair of plates on either side, which with a roof and floor form the walls of the ventricle (Fig. 17). The more dorsal members of each pair of lateral plates become greatly thickened and form the thalamus, while the more ventral ones form the hypothalamus. On either side these plates meet at an angle, forming the hypothalamic sulcus.

The *hypothalamus* includes the *optic chiasma*, *tuber cinereum*, *posterior lobe of the hypophysis*, and the *mammillary bodies*. From the dorsal edge of the thalamic lamina, where this is attached to the thin roof plate, there is developed a thickened ridge, the *epithalamus*, which is transformed into the habenula and the pineal body. The roof plate of the diencephalon remains thin and forms the epithelial lining of the tela chorioidea or roof of the *third ventricle*. Due to the



great growth of the thalamus this cavity becomes reduced to a vertical cleft, the walls of which ultimately fuse at one point to form the massa intermedia, a bridge of gray matter crossing the cavity (Fig. 98).

**The Alar and Basal Lamina.**—Each lateral half of the neural tube caudal to the prosencephalon consists of two plate-like longitudinally arranged columns separated by a groove known as the *sulcus limitans* (Fig. 18). Dorsal to this groove is the alar plate within which there are developed all the sensory centers of the brain stem and spinal cord. The basal plate lies ventral to the sulcus limitans and from it there are developed all the motor nuclei. The dorsal borders of the alar lamina are joined together by a roof plate and the ventral borders of the basal lamina are joined by a floor plate. It seems probable that the prosencephalon is formed exclusively from the alar plates (Schulte and Tilney, 1915, and Kingsbury, 1922).

**The Mesencephalon.**—The basal plate of the mesencephalon thickens to form the cerebral peduncles (Fig. 16), the alar plate forms the lamina quadrigemina in which are differentiated the quadrigeminal bodies; the cavity becomes the cerebral aqueduct.

**The Rhombencephalon.**—The ventral part of the rhombencephalon, including both alar and basal plates, thickens to form the *pons* and *medulla oblongata* (Fig. 16). Most of the roof of this division remains thin and forms the epithelial lining of the tela chorioidea of the fourth ventricle (Fig. 18, *B*). But in the caudal portion of the myelencephalon the lumen of the neural tube becomes completely surrounded by thickened walls, forming the central canal of the closed portion of the medulla. The dorsal edge of the alar plate in the metencephalon becomes greatly thickened and, fusing across the median line with the similar structure of the opposite side, forms the anlage of the *cerebellum* (Figs. 16, 152).

## CHAPTER III

### HISTOGENESIS OF THE NERVOUS SYSTEM

**Early Stages in the Differentiation of the Neural Tube.**—The nervous system, including cerebrospinal and sympathetic nerves and their associated ganglia

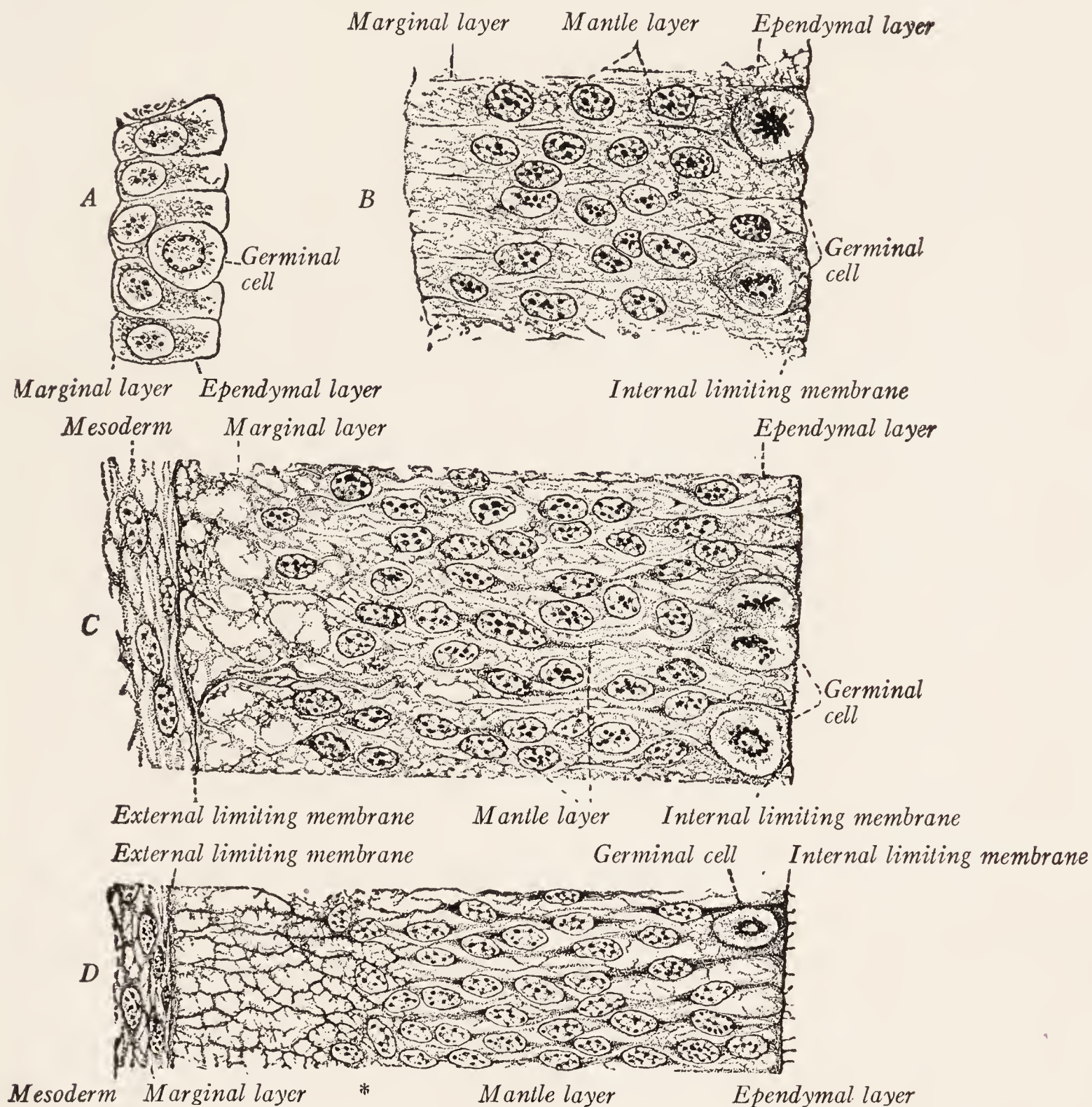


Fig. 19.—Early stages in the differentiation of the neural tube: *A*, From a rabbit embryo before closure of neural tube; *B*, from a 5 mm. pig embryo after closure of tube; *C*, from a 7 mm. pig embryo; *D*, from a 10 mm. pig embryo. \* Boundary between nuclear and marginal layers. (Hardesty, Prentiss-Arey.)

as well as the brain and spinal cord, is of ectodermal origin. At first the neural plate consists of a single layer of ectodermal cells (Fig. 19, *A*). These proliferate



and their cell boundaries become indistinct. When the neural tube has closed, its wall is formed of several layers of cells, which appear to be fused to form a syncytium and is bounded by an external and an internal limiting membrane (Fig. 19, *B*, *C*). The nuclei are so arranged that three layers may be differentiated: (1) an *ependymal* layer, (2) a *mantle* layer, with many nuclei, and (3) a *marginal* or non-nuclear layer. The ependymal layer is represented by a row of elongated nuclei, among which are found the large mitotic nuclei of the germinal cells (Hardesty, 1904). As a result of cell division there are formed neuroblasts, which differentiate into nerve-cells, and spongioblasts, which develop into ependymal

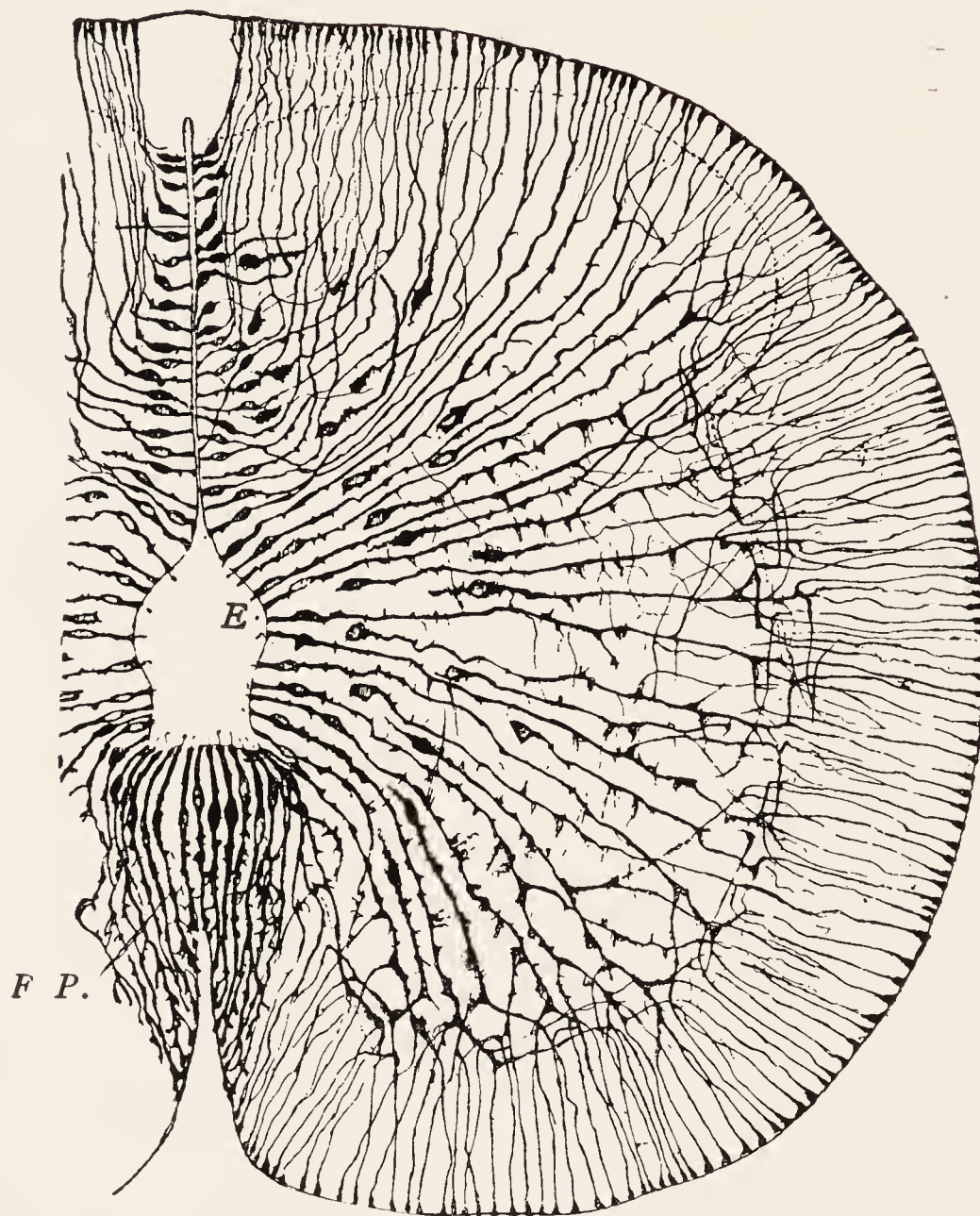


Fig. 20.—Neuroglia in the spinal cord of a ten weeks' human fetus: *E*, Central canal into which processes from ependymal cells project; *F.P.*, floor plate. (Cajal, Arey.)

and neuroglial cells. As an intermediate stage between these and the germinal cells, there are generally recognized medulloblasts or indifferent cells; but the existence of these has been questioned.

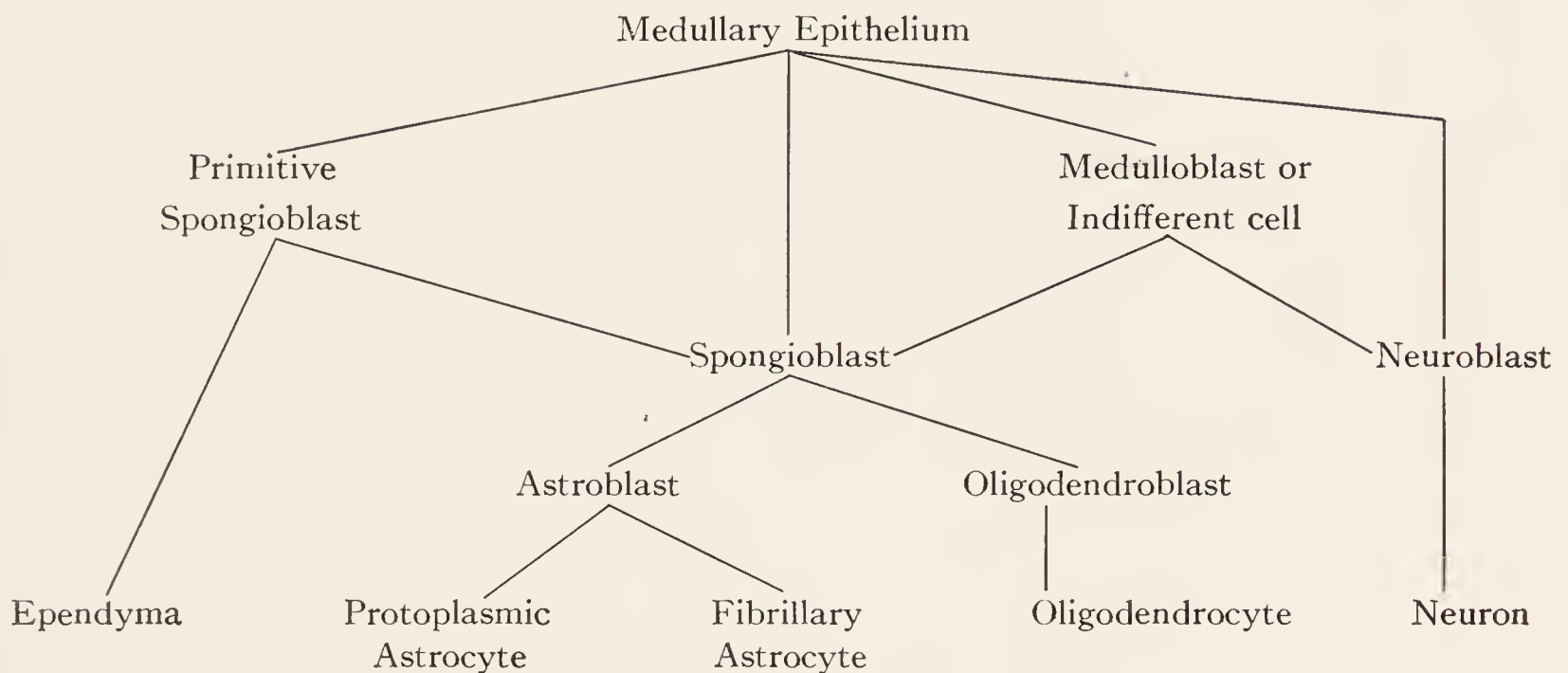
Golgi preparations reveal a differentiation not apparent in Fig. 19. Some of the cells retain attachments to both the internal and the external limiting membranes (Fig. 20). These are *primitive spongioblasts* and those of them whose cell bodies remain in the ependymal layer develop into the ependymal cells which line the brain ventricles and the central canal of the spinal cord. Others after losing their attachment to the internal limiting membrane and, later, in most instances also



their attachment to the external limiting membrane are transformed into neuroglia cells, the supporting elements of the nervous system. Even in the adult some ependymal cells in the region of the anterior median fissure of the spinal cord (Fig. 36) retain their superficial attachments as do also the subpial neuroglia cells. Within the mantle layer spongioblasts, neuroblasts, and indifferent cells fill the spaces between the primitive spongioblasts. Later the neuroblasts develop into neurons and the spongioblasts into neuroglia. The chart below shows the lineage of the cells derived from the medullary epithelium including neurons, ependymal cells and the different types of neuroglia (protoplasmic astrocytes, fibrillary astrocytes, and oligodendroglia). Mesodermal cells migrate into the central nervous system at about the time of birth and give rise to an additional element of the supporting tissue, microglia.

**The Development of the Neuron.**—A neuron may be defined as a nerve-cell with all its processes; and each is derived from a single neuroblast. From the

CELL-LINEAGE IN THE CENTRAL NERVOUS SYSTEM



pear-shaped neuroblast a primary process, or *axon*, grows out, and this becomes the axis-cylinder of a nerve-fiber (Fig. 21). Other processes which develop later become the *dendrites*. The primary process, or axon, grows into the marginal layer, within which it may turn and run parallel to the long axis of the neural tube as an association fiber; or it may run out of the neural tube in a ventrolateral direction as a motor axon. In this way the motor fibers of the cerebrospinal nerves are laid down. The axis-cylinder of each represents a process which has grown out from a neuroblast in the basal plate of the neural tube.

**Development of Afferent Neurons.**—The sensory or afferent fibers of the spinal nerves take origin from neuroblasts which are from the beginning outside the neural tube. These neuroblasts are derived from the *neural crest*, a longitudinal ridge of ectodermal cells at the margin of the neural groove, where this becomes continuous with the superficial ectoderm. At first in contact with the dorsal surface of the neural tube, the neural crest soon separates from it

and comes to form a band of cells lying in the angle between it and the superficial ectoderm (Fig. 6). Enlargements develop at intervals along this band due to the uneven proliferation of its cells and become the *sensory ganglia*. From neuroblasts located in these ganglia arise the sensory fibers of the cerebrospinal nerves.

Some exceptions to this general rule need to be mentioned. The fibers of the olfactory nerve arise from cells in the olfactory mucous membrane. The fibers of the mesencephalic root of the trigeminal nerve, which in all probability are sensory, arise from cells located within the mesencephalon. The optic nerve is also an exception, but this is morphologically a fiber tract of the brain and not a true nerve. An ingenious theory, advanced by Schulte and Tilney (1915), attempts to bring this mesencephalic root and the optic nerve into more obvious relation with the other sensory nerves. They assume that the part of the neural crest, which lies rostral to the anlage of the semilunar ganglion, fails to separate from

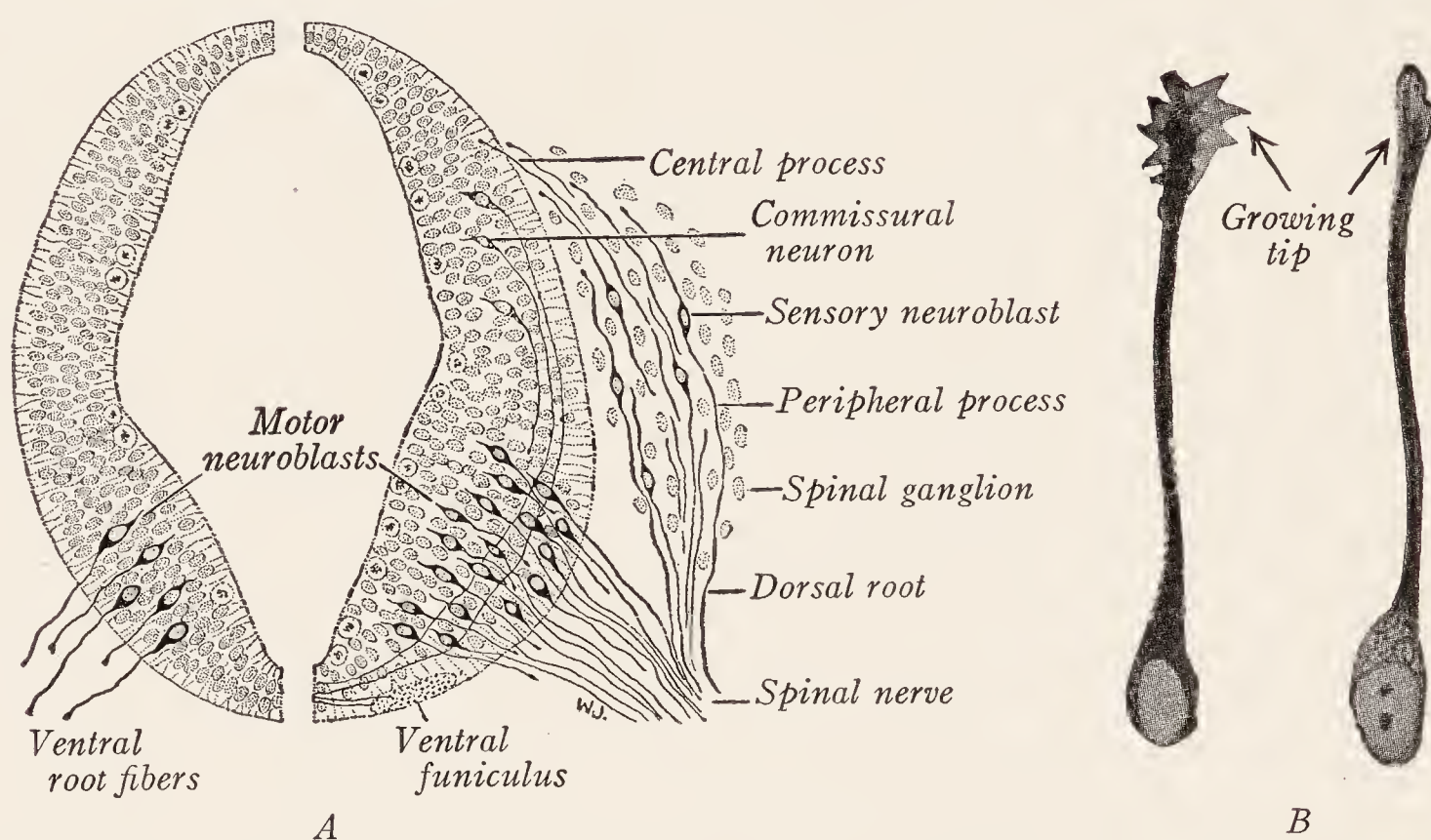


Fig. 21.—Differentiation and growth of human neuroblasts. *A*, Drawings from transverse sections of the spinal cord of a 4 mm. embryo (on the left) and a 5 mm. embryo (on the right). (Arey.) *B*, Neuroblasts with enlarged growing tips. (Cajal, Arey.)

the neural tube. From this part of the neural crest, retained within the brain, they would derive the mesencephalic nucleus of the trigeminal nerve and the optic vesicles.

On the other hand, there are observations which tend to show that some of the cranial sensory ganglia are derived in part from other sources than the neural crest. According to Landacre (1910) many of the sensory ganglion cells of the seventh, ninth, and tenth nerves are derived from thickened patches of the superficial ectoderm, known as placodes, with which the ganglia of these nerves come in contact at an early stage in their embryonic development.

The neuroblasts of the cerebrospinal ganglia become *bipolar* through the development of a primary process at either end (Fig. 22). Originally bipolar, a majority of these sensory neurons in the mammal become *unipolar* through the fusion of the two primary processes for some distance into a single main stem. Beyond the point of fusion this divides like a **T** into two primary branches,



one of which is directed centrally, the other peripherally. The centrally directed branch grows into the neural tube as a sensory root fiber, the other grows peripherally as an afferent fiber of a cerebrospinal nerve (Fig. 21, A). Some ectodermal cells, derived like the ganglion cells from the neural crest, form capsules surrounding these ganglion cells. It should be noted that the cells of the sensory ganglia of the acoustic nerve remain bipolar throughout life.

**Development of the Spinal Nerves.**—We have traced the development of the chief elements entering into the formation of the cerebrospinal nerves, and shall now see how these are combined in a typical spinal nerve. The spinal ganglion, derived from the neural crest, contains bipolar neuroblasts, which are transformed into unipolar neurons. The axon of such a nerve-cell divides into a

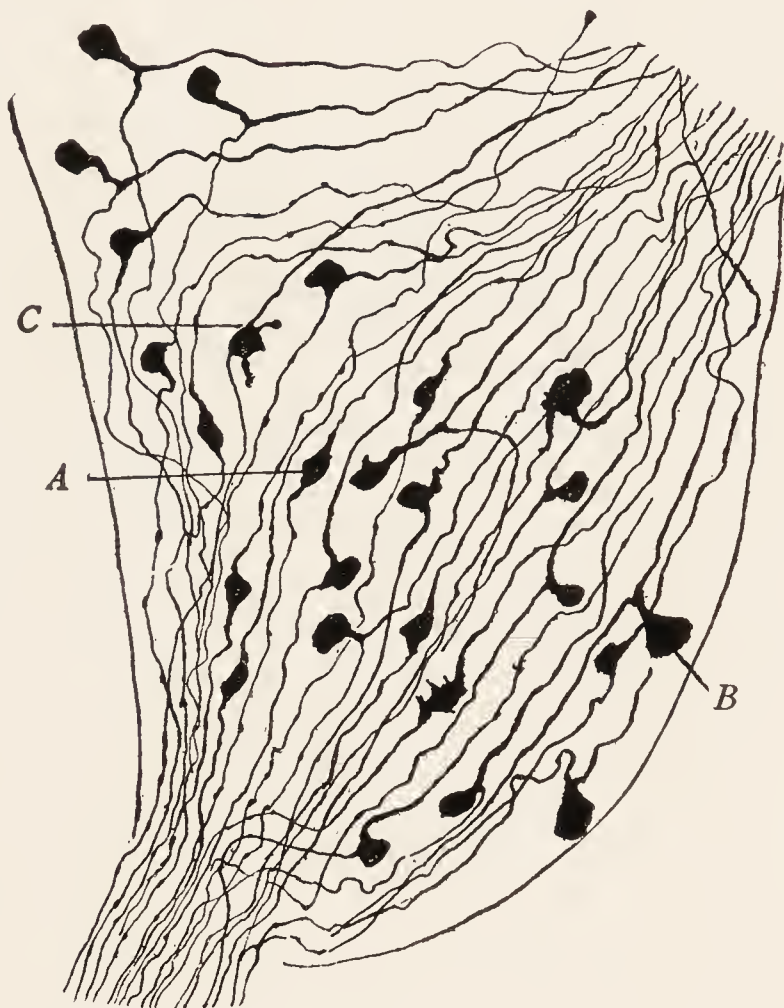


Fig. 22.—A section of a spinal ganglion from a 44 mm. fetus, showing stages in the transformation of bipolar neurons, *A*, into unipolar neurons, *B*. Golgi method. (Cajal.)

central branch, running through the dorsal root into the spinal cord, and a peripheral branch, running distally through the nerve to reach the skin or other sensitive portion of the body. Mingled with these afferent fibers in the spinal nerves are efferent axons which have grown out from neuroblasts in the basal plate of the spinal cord, through the ventral root, and are distributed by way of the spinal nerve to muscles.

So far we have dealt only with the origin of the axis-cylinders of the nerve-fibers. But these soon become surrounded by protective *sheaths* which are also ectodermal in origin. In the path of the outgrowing axons there are seen numerous spindle-shaped ectodermal cells which have migrated from the neural tube and neural crest along the course of the ventral and dorsal roots. These cells form



such a prominent feature in a developing nerve that it was once thought that the axons differentiate *in situ* from them. This theory, which gives to each axon a multicellular origin, has been known as the *cell-chain hypothesis*. There are good reasons, however, for believing that each axon arises as an outgrowth from a single cell or neuroblast. This idea, which is in keeping with what is known of the structure and function of the neuron and which forms an integral part of the now generally accepted *neuron theory*, was first developed in the embryologic publications of His. Convincing experimental evidence has been furnished by Harrison (1906, 1935). Using amphibian larvæ, this author showed that if the neural crest and tube are removed no peripheral nerves develop. He further showed that neuroblasts cultivated in lymph will give rise to long axons in the course of a few hours. The ectodermal cells, mentioned above, which are

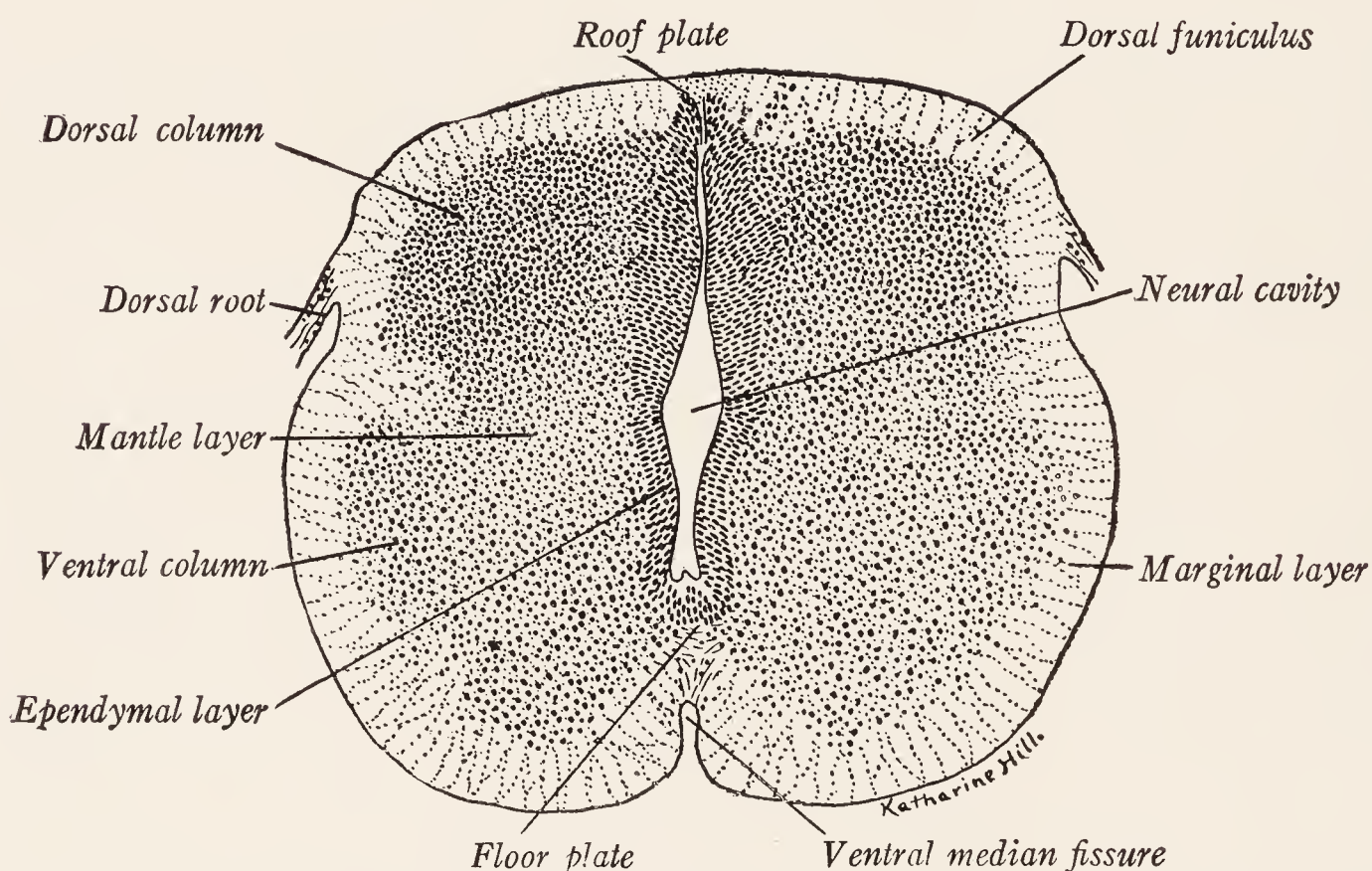


Fig. 23.—Transverse section of the spinal cord of a 20 mm. human embryo. (Prentiss-Arey.)

found along the course of the developing nerve, take an important part in the differentiation of the fibers. From them is derived the nucleated sheath or neurilemma of the peripheral nerve-fiber. The myelin sheath is composed of a fatty substance of uncertain origin. It may be a product of the axon, of the neurilemma, or of both.

The **sympathetic ganglia** consist of cells of ectodermal origin, derived like the cells of the neurilemma sheaths from the neural crest and neural tube.

The exact origin of the cells, which are found along the course of the developing nerves and give rise to the neurilemma sheaths, and of those which form the sympathetic ganglia has been in dispute. But it now appears that some of both types migrate from the neural crests along the dorsal roots and that at a slightly later stage others come from the neural tube along the ventral roots. The cells of the cardiac, pulmonary, gastric, and upper intestinal plexuses apparently migrate from the midbrain along the course of the vagus nerve

(Kuntz, 1910; Muller and Ingvar, 1923; van Campenhout, 1930, 1932; Raven, 1937; Detwiler, 1937; Detwiler and Kehoe, 1939; Jones, 1939, 1941).

The **spinal cord** of a 20 mm. human embryo presents well-defined ependymal, marginal, and mantle layers. Figure 23 should be compared with the appearance presented by a cross-section of the spinal cord in the adult (Fig. 70). The *mantle layer* with its many nuclei differentiates into the *gray matter* of the spinal cord, which contains the nerve-cells and their dendritic processes. The *marginal layer* develops into the white substance as a result of the growth into it of the axons from neuroblasts located within the mantle layer. These form association fibers which ascend or descend through the marginal layer and serve to connect one level of the neural tube with another. It is not until these longitudinally coursing axons develop myelin sheaths that the *white substance* acquires its characteristic coloration.

The cavity of the neural tube is relatively large, and at the point marked "neural cavity" in Fig. 23 a groove is visible. This is the sulcus limitans. It separates the dorsal or *alar plate* from the ventral or *basal plate*. The mantle layer of the alar plate develops into the *dorsal gray column* which, like the other parts developed from this plate, is afferent in function. The afferent fibers, growing into the spinal cord from the spinal ganglia, terminate in this dorsal column or ascend in the posterior part of the marginal zone to nuclei derived from the alar plate in the myelencephalon. Most of the association fibers which run in the marginal layer have grown out from neuroblasts located in the dorsal column. The mantle layer of the basal plate gives rise to the *ventral gray column*. From neuroblasts in this region grow out the motor fibers of the ventral roots and spinal nerves.



## CHAPTER IV

### NEURONS AND NEUROGLIA

THE nervous system is composed of highly irritable cellular units, or neurons, linked together to form conduction pathways. In the preceding chapter we have seen that each neuron is the product of a single embryonic cell or neuroblast, and that, therefore, the nerve-cell with all its processes constitutes a genetic unit. In the present chapter, as we examine the form and internal structure of the neurons and their relation to each other, we shall learn that they are also the structural and functional units of the nervous system.

**Form.**—There is the widest possible variation in the shape of nerve-cells, but all present some features in common. About the nucleus there is an accumulation of cytoplasm which together with the nucleus forms what is often called the cell body. A convenient term by which to designate the circumnuclear cytoplasmic mass is *perikaryon*. From the perikaryon cytoplasmic processes are given off. These may be classified in two groups: axons and dendrites.

*Axons*, of which each neuron has one and very rarely more than one, are usually longer than the dendrites and some are very long, measuring as much as 3 feet. Either naked or along with their enclosing sheaths they are also called nerve-fibers. Usually they show a conical expansion at their point of attachment to the cell body, the cone of origin or *axon hillock* (Fig. 29). One or more side branches or *collaterals* may be given off at right angles to the fiber (Fig. 24). Collaterals arise more commonly near the origin than at great distances from the cell body. An axon terminates usually at considerable distances from its cell of origin in a multitude of fine branches, *telodendria*. Cells with long axons are classed in *Golgi's Type I*. Some cells have short axons that branch repeatedly and end in the neighborhood of the cell of origin and these belong to *Golgi's Type II* (Fig. 25). Axons are characterized by their uniform thickness, smooth contour, small diameter, relative freedom from side branches and usually also by their great length.

Several *dendrites* may and usually do arise from a single nerve-cell. The origin is by a wide base; and near the cell dendrites may be much thicker than any axon, but they taper rapidly and form terminal arborizations at no great distance from their cell bodies. They are characterized by their repeated branching, short course, varying caliber and irregular contour. They are often studded with short side branches which give them a spiny appearance. The feltwork formed by the interlacing arborizations of the dendrites of adjacent cells and the telodendria of axons from far and near form what is called the neuropil (Fig. 79).

The external form of the neuron depends on the shape of the perikaryon and on the number, shape and ramification of the processes. Since the variety of forms is almost without limit, we will content ourselves with studying a few typical examples.

The *pyramidal cells* of the cerebral cortex have the shape which the name implies (Fig. 24). One angle of the pyramid, that directed toward the surface of the cortex, is prolonged in the form of a long thick branching process, the apical dendrite. From the other angles and the sides of the perikaryon arise shorter branching dendrites, while from the base or from one of the basal dendrites arises a long slender axon which, after giving off collaterals, continues on its way to distant parts.

Another good example is furnished by the *primary motor neurons*. Figure 29 illustrates such a cell from the anterior gray column of the spinal cord. This is a large nerve-cell with many rather long branching dendrites and an axon, which forms the axis-cylinder of a motor nerve-fiber and terminates by forming a motor ending in a muscle. As illustrated in this figure, long axons tend to acquire myelin sheaths, and those which run in the cerebrospinal nerves are also covered by a nucleated membranous sheath—the neurilemma.

Nerve-cells with many processes, such as have just been described, are called *multipolar*. Examples of *unipolar* and *bipolar cells* are found in the cerebrospinal ganglia (Figs. 45, 150). These cells, which will be described in more detail in another chapter, are devoid of dendrites. The axon of such a unipolar cell divides dichotomously into a central and a peripheral branch, each possessing the characteristics of an axon.

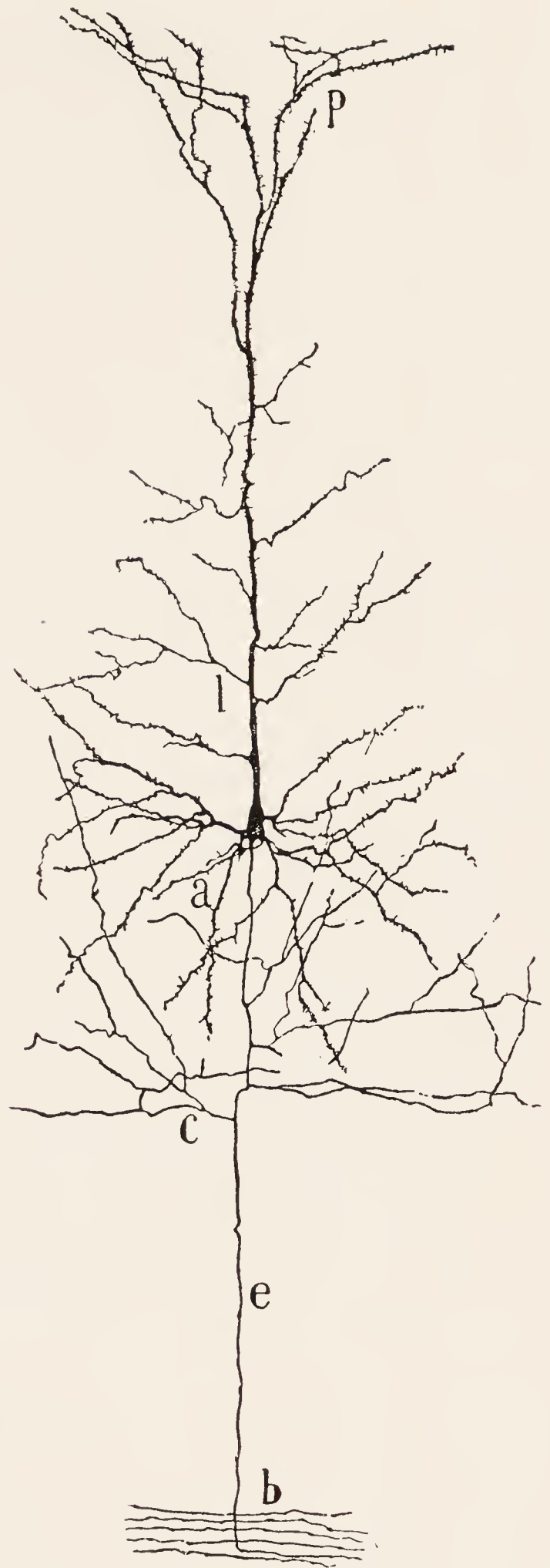


Fig. 24.—A pyramidal cell from the cerebral cortex of a mouse: *a*, Dendrites from the base of the cell; *b*, white substance of the hemisphere into which the axon, *e*, can be traced; *c*, collateral from the first part of the axon; *l*, apical dendrite; *p*, its terminal branches near the surface of the cortex. Golgi method. (Cajal.)



It is not uncommon to regard the peripheral branch of a sensory neuron as a dendrite, because like the dendrites it conducts nerve impulses toward the cell body. But, since it possesses all the morphologic characteristics of an axon, and since any axon is able to conduct nerve impulses throughout its length in either direction, and since these peripheral branches of the sensory neurons actually convey impulses distally in the phenomenon of antidromic conduction, it seems best to consider both central and peripheral branches as divisions of a common axonic stem.

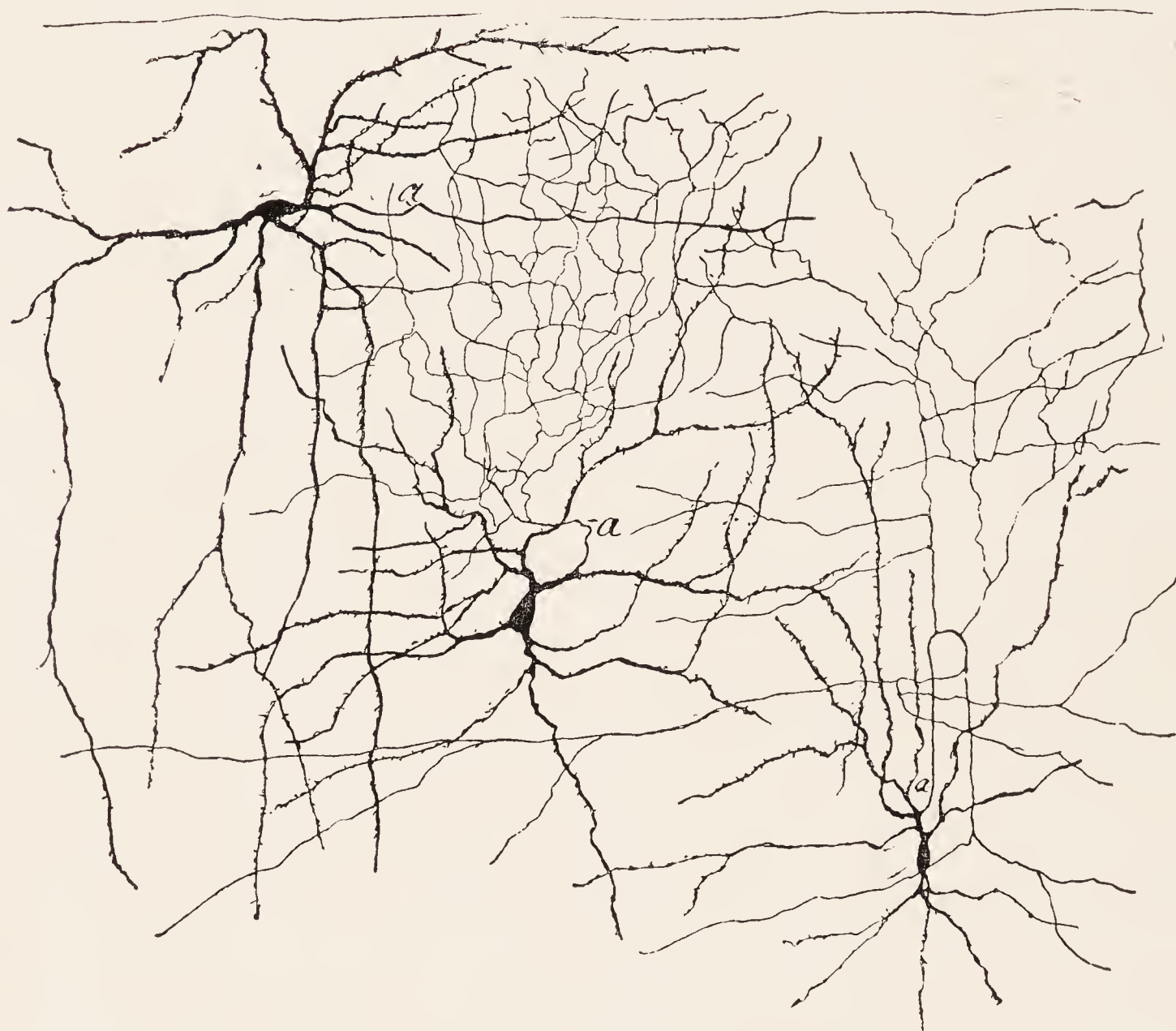


Fig. 25.—Neurons with short axons (Type II of Golgi) from the cerebral cortex of a child: *a*, Axon. Golgi method. (Cajal.)

From what has been said it will be apparent that a neuron usually possesses several dendrites and a single axon, but some have only one process, which is then an axon. It may be added that some neurons have more than one axon.

**Structure of Neurons.**—Like other cells, a neuron consists of a nucleus surrounded by cytoplasm, and these possess the fundamental characteristics which belong to nucleus and cytoplasm everywhere, but each presents certain features more or less characteristic of the nerve-cell. The *nucleus* is large and spheric; and, because it contains little chromatin, it stains lightly with the basic dyes (Fig. 26, *A*). It contains a large spheric nucleolus. The *cytoplasm* is enclosed in a delicate cell membrane which may be nothing more than a surface film of



protoplasm but it has a fair degree of tensile strength and is functionally a very important part of the neuron. In appropriately stained sections the cytoplasm contains fine basophile granules which are usually grouped in dense clumps known as *Nissl bodies* or tigroid masses. The size, shape, and arrangement of the Nissl bodies differ with the type of nerve-cell studied (Fig. 26). They are much larger in motor than in sensory neurons (Malone, 1913). While they are found in the larger dendrites, the axon and its cone of origin are free from them. The



Fig. 26.—Nerve cells stained by toluidin blue: *A*, Motor cell from anterior horn of spinal cord of a monkey (Schäfer); *B*, large sensory cell from spinal ganglion of a dog (Clark); *C*, sensory cell from the trigeminal mesencephalic nucleus of a dog (Clark); *D* and *E*, small sensory cells from spinal ganglion of a dog (Clark); *F*, motor cell from nucleus of trochlear nerve of a dog (Clark); *G*, photomicrograph of cells of spinal ganglion of a cat (Windle); *H*, photomicrograph of cells of cat's spinal ganglion, showing chromatolysis (Windle).

material of which these granules is composed appears to be a product of the nucleus and is perhaps a nucleoprotein. It cannot be seen in the living cell where it is in a state of solution or uniform suspension and it is precipitated in the form of granules by the fixatives used in preparing the tissue for microscopical study. The functional significance of this material is not known but it is thought to be intimately concerned with the metabolic activity of the cell. It is altered as a result of injury to the axons even at a great distance from the cell. As a result



of this alteration the tigroid material is not precipitated in the normal manner by fixatives and thus the granules are absent from the sections and appear as if they had undergone solution. This reaction of the cell to a lesion of its axon is, therefore, called chromatolysis (Fig. 26, *H*).

The *neurofibrils* are delicate threads which run through the cytoplasm in every direction and extend into the axon and dendrites (Fig. 27). The appearance of the fibrillæ differs according to the technic employed in preparing the tissue for microscopic examination. While in the preparations by Bethe's method the fibrils do not appear to branch or anastomose with each other, those seen in Cajal preparations divide, and by anastomosing form a true network. This

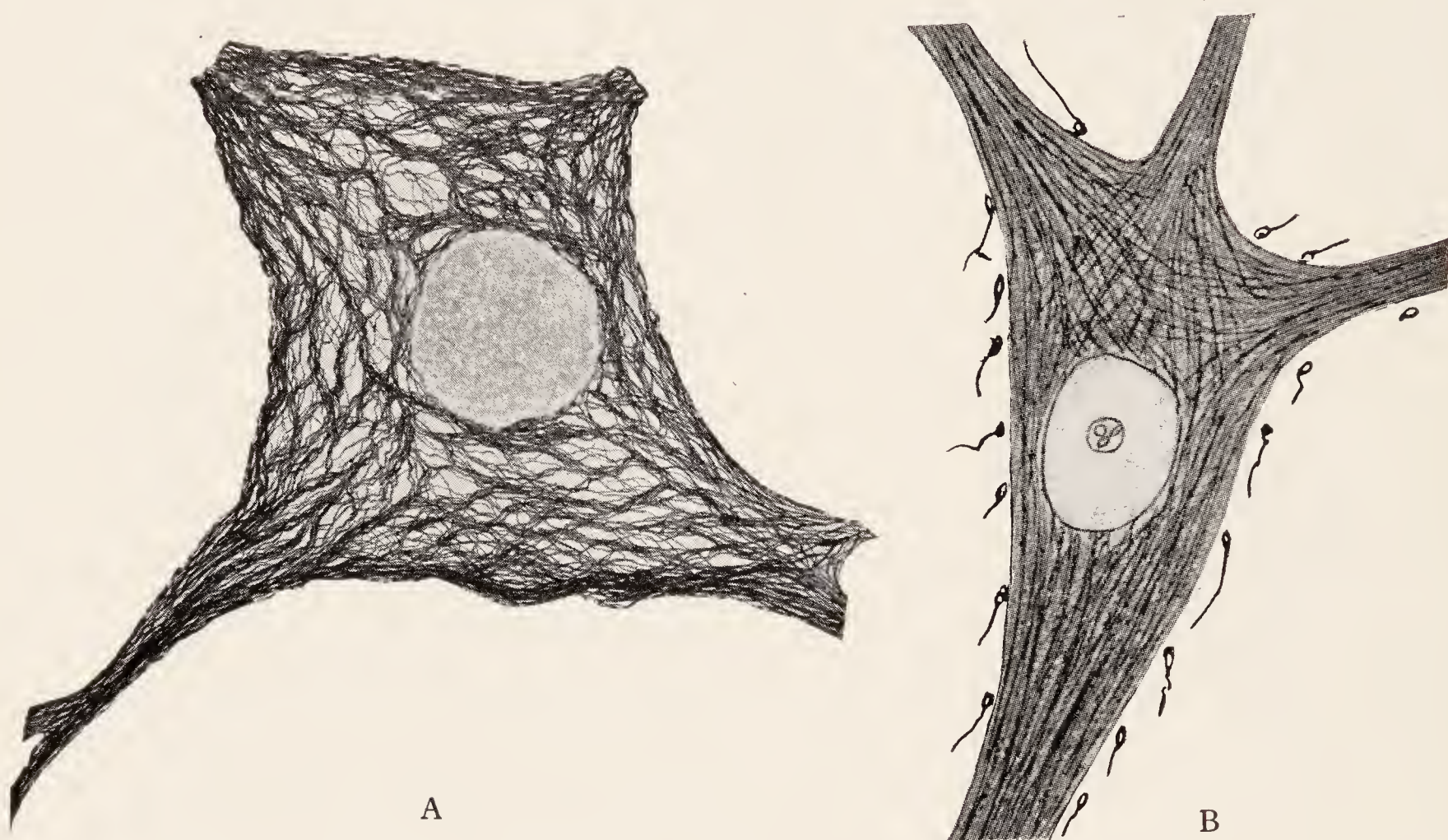


Fig. 27.—A, Neurofibrils in a motor cell of the spinal cord (Maximow-Bloom). B, Neurofibrils in a nerve-cell and synapses formed with it by looped endings of terminal branches of axons or boutons terminaux (Cajal).

network is present in the cell body; but, as the fibrils extend out into the processes, they become straight and run parallel to each other and to the long axes of the axons and dendrites in which they lie. The neurofibrils can be traced to the terminations of the dendrites and axons. Their function is not known; but since they can be seen in living nerve-fibers (de Rényi, 1929) and in preparations made by the freezing-drying method (Hoerr, 1936), they cannot be regarded as artifacts produced by the reagents used in fixing the tissue.

*Pigment granules* are seen in the cytoplasm of some nerve-cells and are of two kinds. Dark brown or almost black particles of melanin are found in the cells of certain regions (substantia nigra and locus cæruleus). Of a different nature are the yellow or orange colored granules which accumulate in nerve-



cells with advancing age. There is no reason to suppose that this pigment serves any useful purpose nor does it appear to interfere in any way with the normal function of the cell.

Other structures such as the internal reticular apparatus of Golgi and mitochondria are present in the cytoplasm (Cowdry, 1932).

**Interrelation of Neurons.**—In the coelenterates, as we have learned, a single nerve-cell may receive the stimulus and transmit it to the underlying muscle. But in vertebrates the transmission of a nerve impulse to an effector requires a chain of at least two neurons, the impulse passing from one neuron to the next along the chain. One of the most important problems in neurology, therefore, is this: How are the neurons related to each other so that the impulse may be propagated from one to the other? The place where two such units come into



Fig. 28.—Basket cell from the cerebellar cortex of the white rat. The Purkinje cells are indicated in stipple. Branches of the axon of one basket cell form synapses with several Purkinje cells. Golgi method (Cajal).

such functional relation is known as a *synapse*. In a synapse the axon of one neuron terminates on the cell body or dendrites of another. Functional connections are never established between the dendrites of one neuron and the cell body or dendrites of another. In Fig. 28 the axon of a basket cell of the cerebellum is seen giving off collaterals which terminate about and form synapses with the Purkinje cells. Delicate branches of an axon may end on the surface of the cell body or dendrites of another neuron in the form of loops or *boutons terminaux* (Figs. 27, B, and 85). These terminal loops are the most common synaptic endings in the central nervous system (Windle and Clark, 1928; Hoff, 1932).

The processes of one nerve-cell are not directly fused with those of others. On the contrary, *each neuron appears to be a distinct anatomic unit*. At least the most detailed study of Golgi and Cajal preparations, in which the finest ramifications of dendrites and axons are stained, has failed to demonstrate a structural



continuity between neurons. In especially favorable material it has been shown that an axon and dendrite, entering into the formation of a synapse, are each

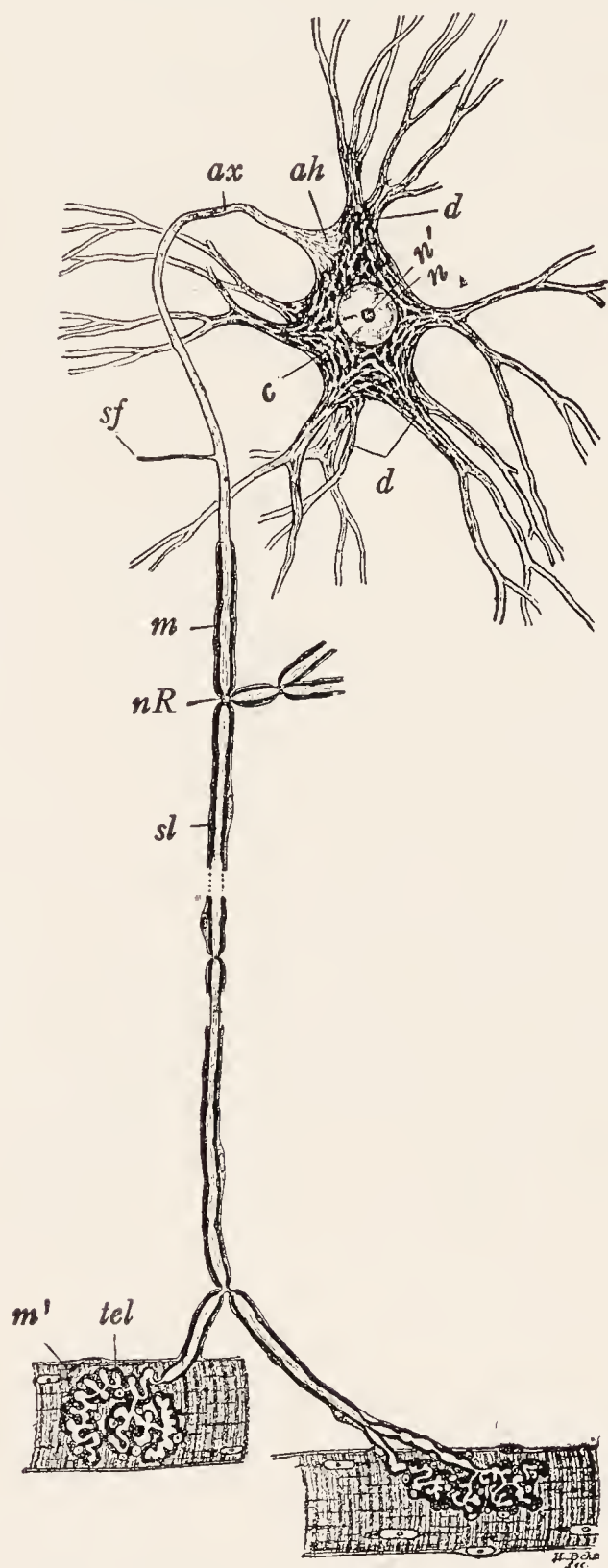


Fig. 29.—Primary motor neuron (diagrammatic): *ah*, Axon hillock; *ax*, axon; *c*, cytoplasm; *d*, dendrites; *m*, myelin sheath; *m'*, striated muscle; *n*, nucleus; *n'*, nucleolus; *nR*, node of Ranvier; *sf*, collateral; *sl*, neurilemma; *tel*, motor end-plate. (Barker.)

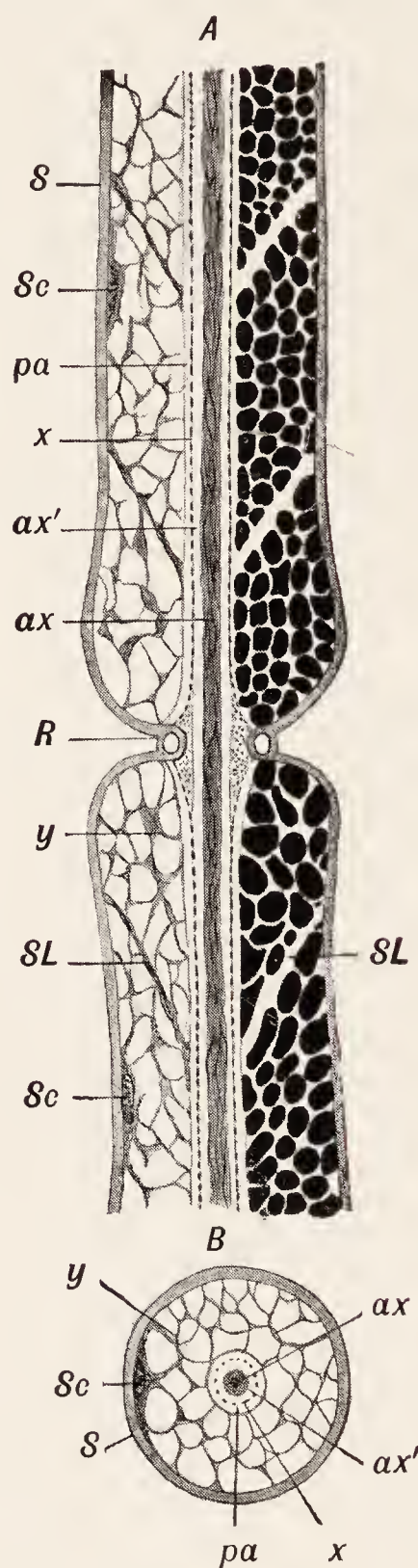


Fig. 30.—Myelinated nerve-fiber in *A*, longitudinal and *B*, transverse section (diagrammatic). On one side of the longitudinal section the myelin is black as after osmic acid fixation. Elsewhere the protoplasmic net, *y*, associated with the cytoplasm of the neurilemma cells, *Sc*, is shown as it appears after the myelin has been dissolved: *ax*, *ax'*, *x*, *pa*, somewhat shrunken axis-cylinder; *SL*, Schmidt-Lantermann cleft; *S*, neurilemma sheath; *R*, node of Ranvier. (Nemiloff, Maximow-Bloom.)

surrounded by a distinct plasma membrane and that there is no direct protoplasmic continuity (Bartelmez and Hoerr, 1933; Bodian, 1937, 1940, 1942). Neurofibrils do not pass from one neuron to another. The relation between two

neurons at a synapse is one of contact but not of continuity of substance. This conclusion, based primarily on histological evidence, has been strongly reinforced by physiological investigations (Eccles, 1936).

Nerve impulses are propagated across the synapse in one direction only, *i. e.*, from the axon to the adjacent cell body or dendrite. As a corollary of this it is obvious that impulses must travel within the neuron from dendrites to perikaryon and then out along the axon, as indicated by the arrow in Fig. 31. This is known as the *law of dynamic polarity*. The polarity is, however, not dependent upon anything within the neuron itself, but upon something in the nature of the synaptic interval which makes possible the propagation of an impulse in one direction only. There are many lines of evidence which show that when once activated a nerve-fiber conducts equally well in either direction. When a motor fiber bifurcates, sending a branch to each of two separate muscles, stim-

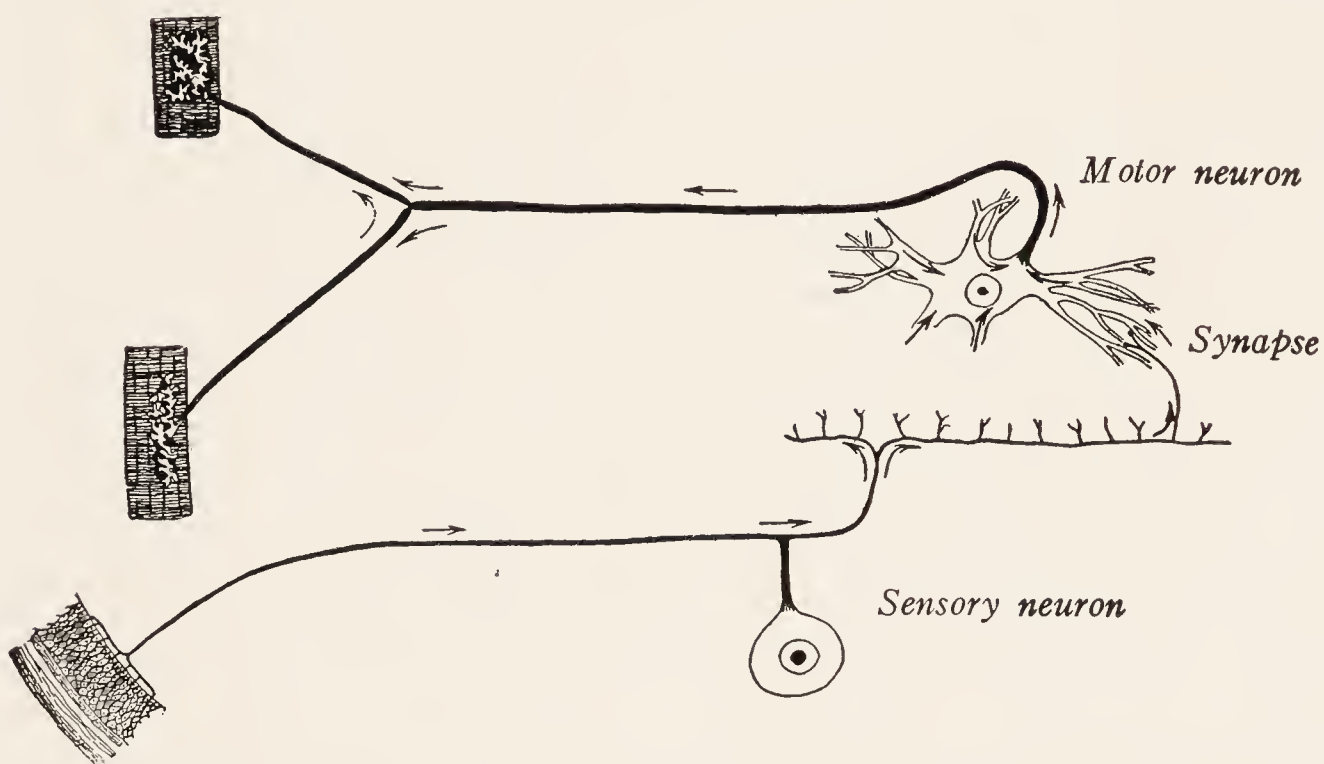


Fig. 31.—Diagram of a reflex arc to illustrate the law of dynamic polarity. The arrows indicate the direction of conduction.

ulation of one branch will cause an impulse to ascend to the point of bifurcation, and then descend along the other branch to its motor ending (Fig. 31). This can often be demonstrated in regenerated nerves (Feiss, 1912). The phenomenon of antidromic conduction, *i. e.*, conduction in the direction reverse to the usual one, is also illustrated by dorsal root vasodilation and by the axon reflex (Bayliss, 1918).

**Synaptic transmission**, the propagation of a nerve impulse across a synapse, is not thoroughly understood. Such information as is available on this subject was summarized recently in a symposium by Gasser and others (1939). There are two theories. According to one view the incoming impulse causes an excitor substance, acetylcholine, to be liberated by the axonic terminals of the first neuron; and this substance excites the second neuron and initiates a nerve impulse in it. In contrast to the foregoing *chemical theory*, the *electrical theory* assumes that the



second neuron of the synapse is excited by the action current potentials generated by the nerve impulse in the axonic terminals of the first neuron. In either case it is clear that the nerve impulse is not transmitted as such across the synaptic interval; but that it serves in some way to excite a new impulse in the second neuron.

**Nerve-fibers** are axons naked or ensheathed. The structure of a *myelinated peripheral nerve-fiber* is shown in Figs. 29 and 30. The axon or *axis-cylinder* is composed of delicate neurofibrils embedded in a semifluid neuroplasm. It is surrounded by a relatively thick *myelin sheath* and a nucleated membranous *neurilemma sheath*. The myelin sheath consists of a fatty substance, myelin, supported by a reticulum. This net may perhaps be derived from the cytoplasm of the neurilemma cells or it may be a coagulation product developed during fixation. Thickened parts of the reticulum appear to correspond to the narrow clefts (Schmidt-Lantermann) that pass at irregular intervals obliquely through the myelin sheath. The highly refractive myelin gives to the myelinated fibers a whitish color. This sheath is interrupted at regular intervals by constrictions in the nerve-fiber known as the nodes of Ranvier. The constrictions are produced by a dipping in of the neurilemma sheath toward the axon, which runs without interruption through the node. The part of a fiber between two nodes is an internodal segment, and each such segment possesses a nucleus which is surrounded by a small amount of cytoplasm and lies just beneath the neurilemma. The latter is a thin membranous outer covering for the fiber. Each segment of the neurilemma sheath, together with the cell which lies beneath, is the product of a single sheath cell of ectodermal origin. Fibers such as have just been described are found in the cerebrospinal nerves, and give these their white glistening appearance.

The *myelinated fibers of the brain and spinal cord* differ from those of the peripheral nerves in the absence of neurilemma sheaths, sheath cells, and nodes of Ranvier. Instead there is an investment of neuroglia fibers and nuclei. It has been suggested that oligodendroglia cells may be concerned in the development of the myelin sheaths.

*Unmyelinated fibers* are of two kinds, namely, Remak's fibers and naked axons. The former possess nuclei which may be regarded as belonging to a thin neurilemma. They are found in great numbers in the sympathetic nervous system, and many of the fine afferent fibers of the cerebrospinal nerves also belong to this class (Ranson and Davenport, 1931). Naked axons are especially numerous in the gray matter of the brain and spinal cord, and it may be added that every axon at its beginning from the nerve-cell, as well as at its terminal arborization, is devoid of covering.

By way of summary we may enumerate *four kinds of nerve-fibers*: (1) myelinated fibers with a neurilemma, found in the peripheral nervous system, especially in the cerebrospinal nerves; (2) myelinated fibers without a neurilemma, found in the central nervous system; (3) unmyelinated fibers with nuclei (Remak's

fibers), especially numerous in the sympathetic system, and (4) naked axons, abundant in the gray matter of the brain and spinal cord.

**Conduction of a nerve impulse** along a fiber is accompanied by a change in electrical potential. When many fibers of the same size and function are stimulated simultaneously, the impulses travel down the fibers at the same rate. Their electrical action potentials are in phase and produce a wave that can be recorded by a string galvanometer. The cathode ray oscillograph is a more sensitive instrument and will record the action potentials of individual fibers or analyze the wave produced by a complex nerve into component parts representative of the types of fibers it contains. This segregation of the potentials of the different types of fibers is made possible by differences in their rates of conduction. When the

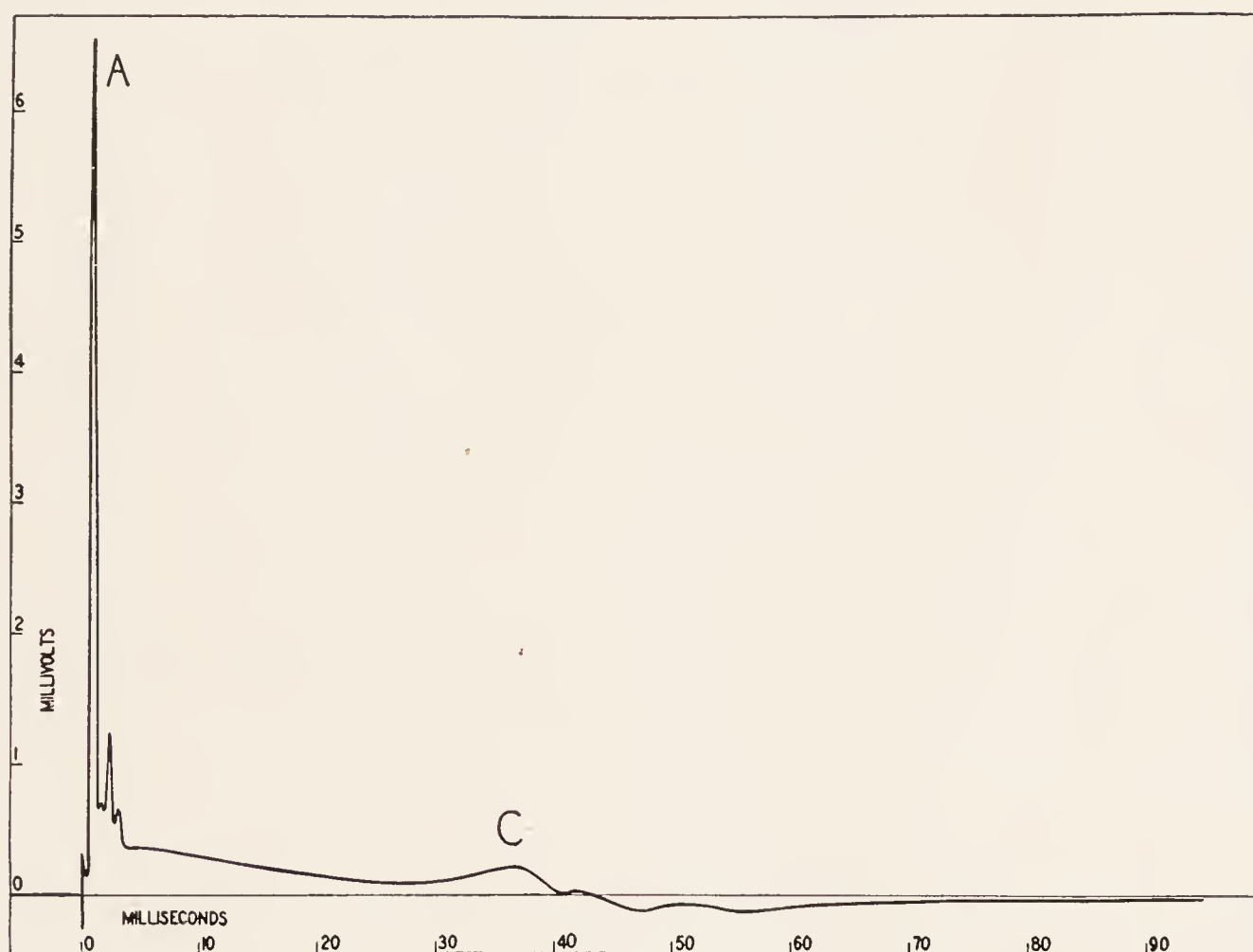


Fig. 32.—Form of action potential in the saphenous nerve of the cat, showing two spikes, *A* and *C*. (Gasser.)

saphenous nerve of the cat is stimulated electrically with a shock strong enough to activate all the fibers and the lead to the oscillograph is taken at a point five centimeters from the point stimulated, the action potentials take the form shown in Fig. 32. The fastest fibers in this nerve, conducting at rates varying from 75 to 15 meters per second, have action potentials which are recorded as spike *A*, which includes a second smaller elevation. The third elevation, *C*, is produced by potentials from unmyelinated sensory and sympathetic fibers having conduction velocities of 2 to 1 meters per second (Gasser, 1934, 1941). In motor nerves the large myelinated sensory and motor fibers with speeds up to 100 meters per second contribute to the *A* spike, which in the saphenous is formed by the sensory fibers to the skin. In records obtained from sympathetic nerves an intermediate



spike, *B*, appears, representing the action potentials of preganglionic visceral efferent fibers, with rates of conduction varying between 14 and 3 meters per second (Bishop and Heinbecker, 1930).

**The Neuron as a Trophic Unit.**—All parts of a cell are interdependent, and a continuous interaction between the nucleus and cytoplasm is a necessary condition for life. Any part which is detached from the portion containing the nucleus will disintegrate. In this respect the nerve-cell is no exception. When an axon is divided, that part which is separated from its cell of origin and therefore from its nucleus dies, while the part still connected with the cell usually survives. The degeneration of the distal fragment of the axon extends to its finest ramifications, but does not pass the synapse nor involve the next neuron. In rare cases a slow atrophy of the secondary neurons may occur.

It must not be supposed, however, that the part of the neuron containing the nucleus remains intact, for as a result of the division of an axon important changes occur in the cell body. The Nissl bodies undergo solution, the cell becomes swollen, and the nucleus eccentric. This phenomenon is known as *chromatolysis*, or the axon reaction, and is illustrated in Fig. 26, *H*. If the changes have been very profound the entire neuron may completely disintegrate; but, as a rule, it is restored to normal again by reparative processes. The nucleus becomes more central, the Nissl bodies reform and usually become more abundant than before. While from the cut end of the axon new sprouts grow out to replace the part of the axon which has degenerated. From what has been said it will be apparent that the nucleus presides over the nutrition of the entire neuron, that the latter responds as a whole to an injury of even a distant part of its axon, that the changes produced by such a lesion are limited to the neuron directly involved, and that nerve-fibers are unable to maintain a separate existence or to regenerate when their continuity with the cell body has been lost. This is what is meant by the statement that the neuron is the trophic unit of the nervous system.

**Degeneration and Regeneration of Nerve-fibers.**—As has already been stated, that portion of a divided fiber which has been separated from its cell of origin degenerates. The axon breaks up into granular fragments, the myelin undergoes chemical change and forms irregular fatty globules. Later the degenerated axon and myelin are entirely absorbed. The neurilemma cells of a degenerated peripheral nerve-fiber increase in number, their cytoplasm increases in quantity, and they become united end to end to form nucleated protoplasmic bands or band-fibers. These changes in the nerve-fiber are known as *Wallerian degeneration*.

In *regeneration* new axons grow out from the old ones in the central undegenerated portion of the nerve. The new fibers have terminal enlargements at their growing ends. They grow in every direction; but if the two stumps are close together, a large proportion of them are attracted into the distal stump (Fig. 33) within which they find their way along the nucleated protoplasmic bands, mentioned above, to the terminals of the degenerated nerve. These band-fibers serve



as conduits for the growing axons and from them the new neurilemma sheaths are differentiated. Thus, while the neurilemma cells and the band-fibers derived

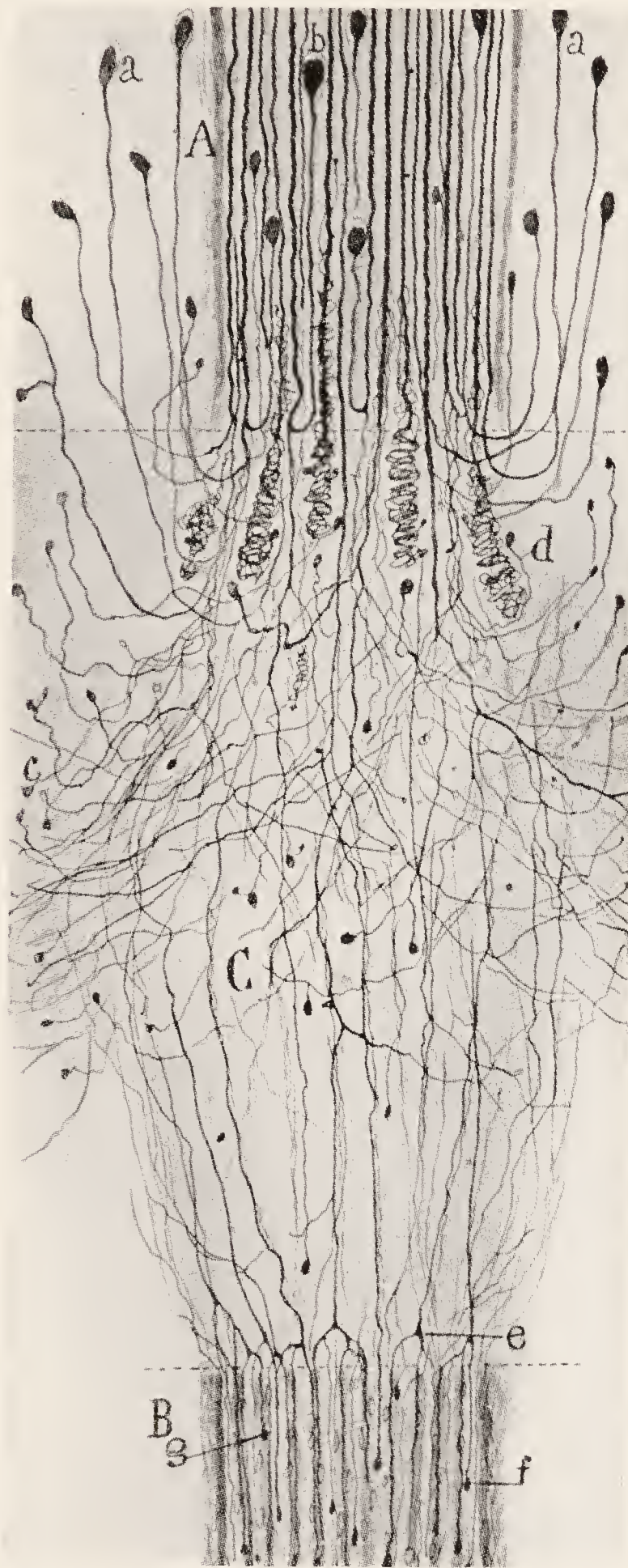


Fig. 33.—Diagrammatic drawing of a regenerating nerve: *A*, Central stump; *B*, distal stump; *C*, interval between stumps; *a*, *b*, bulbs on the ends of fibers growing centrally in and around the central stump; *f*, *g*, bulbs on the ends of fibers growing into the distal stump; *c*, bulb on the end of a fiber in the scar; *d*, coil formed by centrally growing fiber. (Cajal.)

from them appear to be incapable of developing new nerve-fibers by themselves in the peripheral stump, they play an important part in nerve regeneration in co-operation with the new axons from the central stump (Ranson, 1912; Cajal,



1928). It is important to note that the nerve-fibers of the brain and spinal cord, which, as has been stated before, are devoid of neurilemma sheaths, are incapable of regeneration.

The **neuron concept**, which is based on such facts as have been presented in the preceding paragraphs, was first clearly formulated by Waldeyer in 1891, who was also the first to use the name neuron for the elements under consideration. The neuron doctrine may be summarized as follows:

1. The neuron is the genetic unit of the nervous system—each being derived from a single embryonic cell, the neuroblast.

2. The neuron is the structural unit of the nervous system, a nerve-cell with all its processes. These cellular units remain anatomically separate, *i. e.*, while they come into contact with each other at the synapses there is no continuity of their substance.

3. The neurons are the functional units of the nervous system and the conduction pathways are formed of chains of such units.

4. The neuron is also a trophic unit, as is seen (*a*) in the degeneration of a portion of an axon severed from its cell of origin, (*b*) in the phenomenon of chromatolysis or axon reaction, and (*c*) in the regeneration of the degenerated portion of the axon by an outgrowth from that part of the axon still in contact with its cell of origin.

5. Neurons are the only elements concerned in the conduction of nerve impulses. The nervous system is composed of untold numbers of such units linked together in conduction systems.

We shall next examine some of the simpler chains of neurons to see how they enter into the formation of the conduction pathways.

**Neuron-chains.**—The simplest functional combination of neurons is seen in the *reflex arc*, and this again in its simplest form is illustrated in Fig. 34. Such an arc may consist of but two neurons, one of which is afferent and conducts toward the spinal cord; the other is efferent and conducts the impulses to the organ of response. The arc consists of the following parts: (1) the receptor, the ramification of the sensory fiber in the skin or other sensory end-organ; (2) the first conductor, which includes both branches of the axon of the spinal ganglion cell; (3) a center including the synapse; (4) the second conductor, which includes the entire motor neuron, with its cell body in the anterior gray column and its motor ending on the muscle, and (5) the effector or organ of response, which in this case is a muscle-fiber. A wave of activation, known as the nerve impulse, is developed in the sensitive receptor, travels over the sensory fiber to the synapse where it activates the motor neuron. The resulting impulse travels along the motor fiber to the neuromuscular ending and causes the muscle to contract. There is always a slight delay at the synapse, representing the time required for the new impulse to be generated. Although an impulse never crosses a synapse it is convenient to follow the succession of impulses through a chain of neurons without mentioning the synaptic interruptions. A more common form

of reflex arc involves a third, and purely central neuron, as illustrated on the right side of Fig. 34. Such central neurons may have short or long axons. In the latter case they may serve to connect distant parts of the central nervous system with each other. It is to the multiplication of these central neurons that we owe the complicated pathways within the mammalian brain and spinal cord.

**Pathways through Higher Centers.**—A good idea of how the neurons of some of the centers in the brain are related to the primary motor and sensory spinal neurons is given by Fig. 35. It will be seen that many paths are open to an impulse entering the spinal cord by way of a dorsal root fiber. Ignoring the breaks at synapses we say that it can pass (1) by way of a collateral to a primary motor neuron in a two-neuron reflex arc. It may travel over an association neuron, belonging (2) to the same level of the spinal cord, or (3) to other levels, in reflex arcs of three or more neurons each; or (4) it may ascend to the brain along an ascending

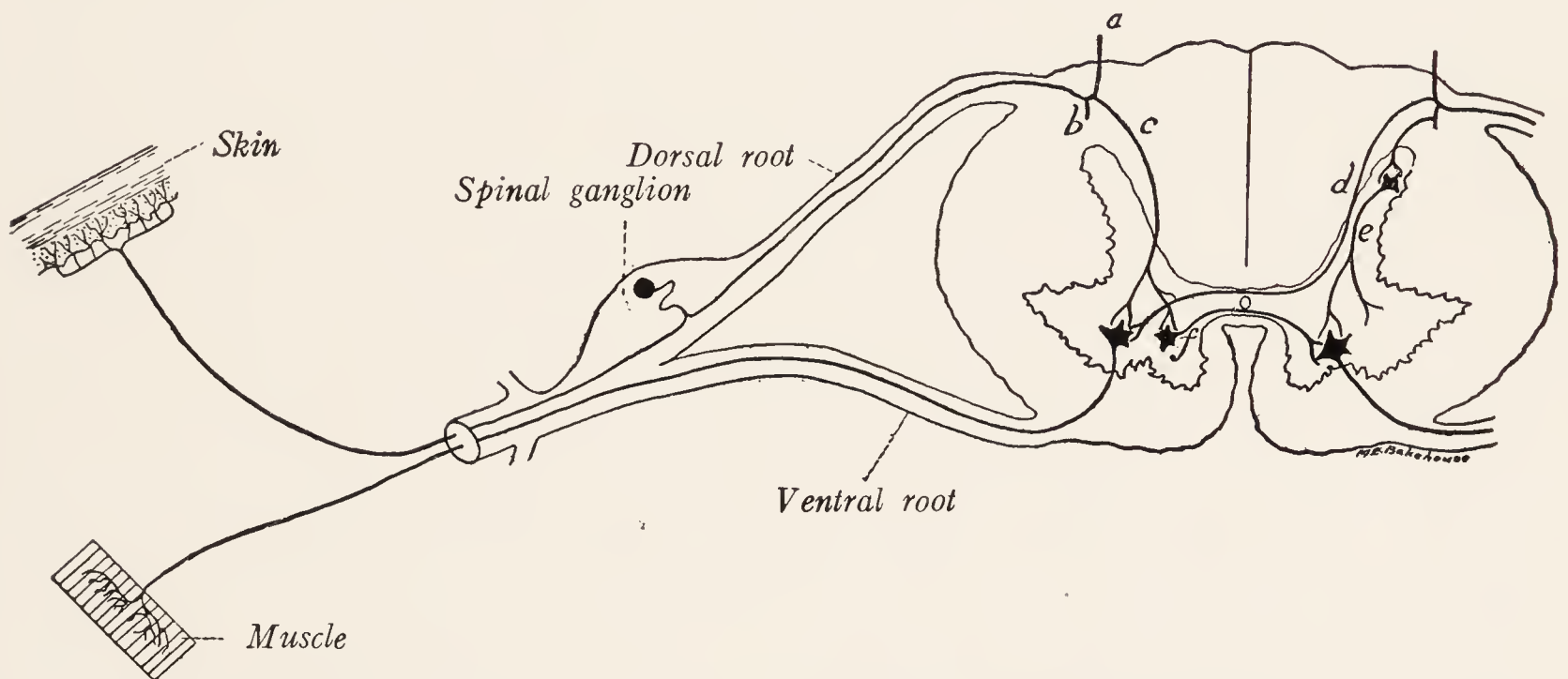


Fig. 34.—Diagrammatic section through the spinal cord and a spinal nerve to illustrate a simple reflex arc; *a*, *b*, *c*, and *d*, branches of sensory fibers of the dorsal roots; *e*, association neuron; *f*, commissural neuron.

branch of a dorsal root fiber. Here it may travel over one or more of a number of paths, each consisting of several neurons, and be finally returned to the spinal cord and make its exit by way of a primary motor neuron. The figure illustrates but a few of the possible paths, many of which we shall have occasion to consider in the subsequent chapters.

Even when the most complicated paths through the brain are taken into consideration, the time required for an impulse to travel these paths from receptor to effector is very brief. But it is known that a stimulus to a sensory nerve may initiate a contraction that persists for a minute or more after the cessation of the stimulus. Throughout this period the motor neurons concerned are repeatedly discharging impulses along the motor fibers. Several theories have been offered to account for this prolonged activity. The most satisfactory explanation is offered by a conception of closed self-exciting neuron circuits. When once acti-



vated by an impulse reaching it along fiber 3 of Fig. 35, the closed circuit, which has been diagrammatically represented at the level of the spinal cord in that figure, would continue to be active, the impulse traveling around the circuit until interrupted by inhibition or fatigue. Each time neuron A was activated it would in turn activate the next neuron in the circuit and at the same time send an impulse to the primary motor neuron B, thus providing for continued activity in the muscle. The conception of closed circuits as an explanation for long continued activity in the central nervous system is quite new (Ranson and Hinsey,

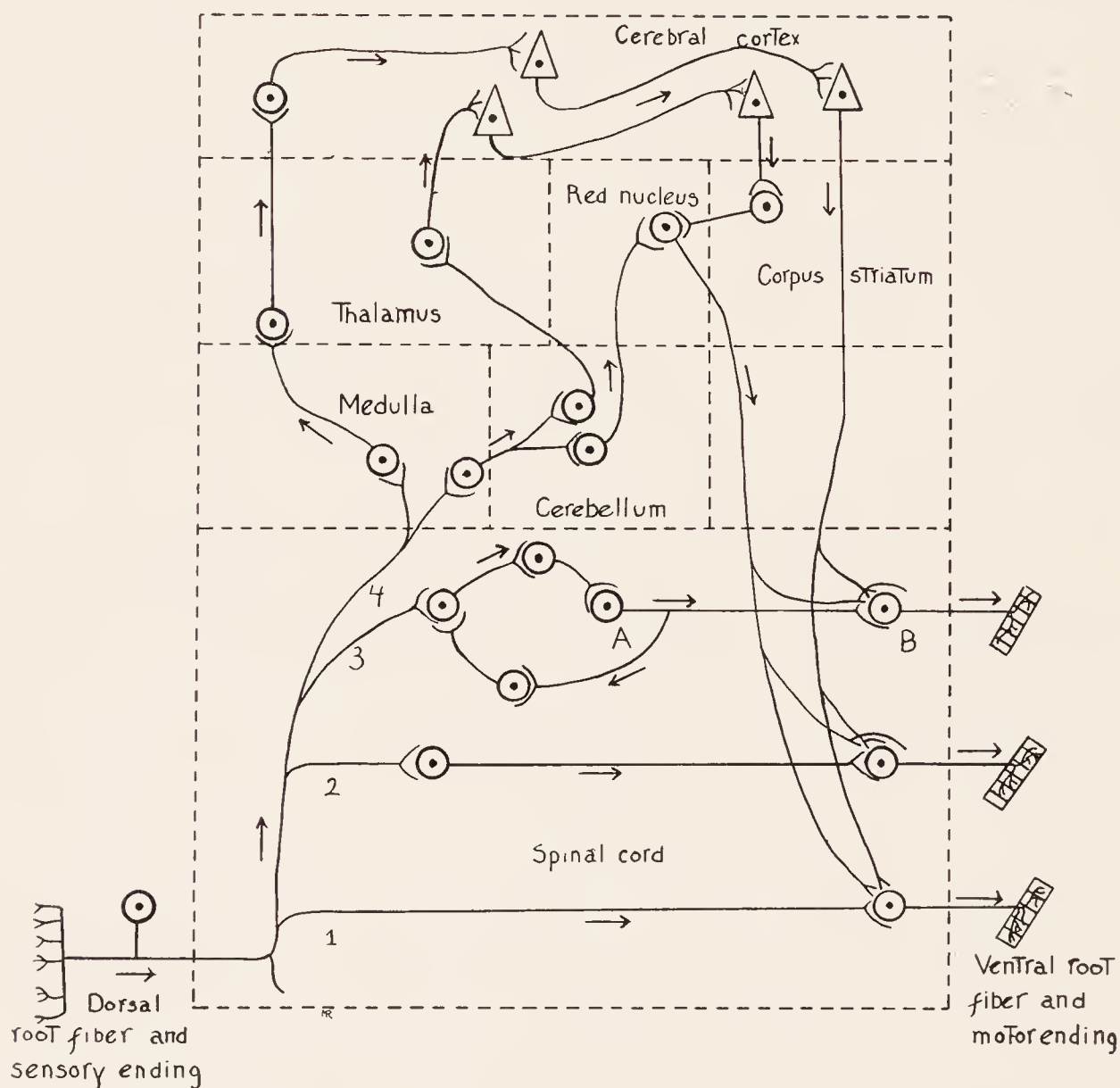


Fig. 35.—Diagram representing some of the conduction paths through the mammalian central nervous system. An elaborate system of central or association neurons furnishes a number of alternative paths between the primary sensory and motor neurons. At the level of the spinal cord a closed neuron circuit is illustrated. (Redrawn and modified from Bayliss.)

1930). It has been put on a firm foundation by Lorente de Nó (1933) and has won wide recognition (Eccles, 1936; O'Leary, 1937).

There is reason to believe that activity can continue in the central nervous system in the absence of all afferent impulses. The goldfish brain, dissected free from the body, continues a rhythmical activity corresponding in tempo with the normal gill movements. This activity is probably located in the respiratory center. The waves of electrical potential, which travel over the cerebral cortex in man and animals, are independent of incoming sensory impulses. To explain such phenomena it has been assumed that neurons are endowed with the capacity

for spontaneous rhythmical activity (Adrian and Buytendijk, 1931; Adrian and Matthews, 1934; Gerard, Marshall and Saul, 1936). Whatever one may think of this explanation, the existence of activity in the central nervous system which continues without reinforcement from incoming impulses cannot be doubted. It is quite possible that such sustained rhythmic activity may be explained on the basis of conduction in closed self-exciting neuron chains (Eccles, 1936).

For an incoming impulse a variety of paths are open, one or more of which may be taken according to the momentary resistance of each. There is reason to believe that the resistance interposed by a synapse may vary from moment to moment, according to the physiologic state of the neurons involved. It is therefore not necessary that every impulse entering by a given fiber shall travel the same path within the central nervous system nor produce the same result. The pathways themselves are, however, more or less fixed, and depend upon the structural relations established among the neurons. Many of these synaptic connections are formed before birth, follow an hereditary pattern, and are approximately the same for each individual of the species. In the child these are illustrated by the nervous mechanisms involved in breathing and swallowing, which are perfect at birth. The newly hatched chick is able to run about and pick up food, acts which are dependent on nervous connections already established according to hereditary pattern. In man and to a less extent in other mammals the nervous system continues to develop long after birth. This postnatal development is influenced by the experience of the individual and is more or less individual in pattern. It is probable "that in certain parts of the nervous mechanism new connections can always be established through education" (Edinger, 1911).

The neurons which make up the nervous system of an adult man are therefore arranged in a system the larger outlines of which follow an hereditary pattern, but many of the details of which have been shaped by the experiences of the individual.

### NEUROGLIA

Delicate strands of connective tissue penetrate the central nervous system along the blood vessels but the chief supporting tissue of the brain and spinal cord is of an entirely different nature, a special tissue called *neuroglia*. Under this heading may be included: ependyma, neuroglia proper, including astrocytes and oligodendroglia, and microglia. Some authors also include under this heading the sheath and satellite cells of the peripheral nerves and ganglia.

The *ependyma* forms a single layer of columnar epithelial cells lining the ventricles of the brain and central canal of the spinal cord (Fig. 36). The cilia which project from the free surface in the embryo are almost entirely lost in the adult. From the base of the cell projects a long slender process which at one stage of embryonic development reached and was attached to the external limiting membrane. Some of these processes retain this attachment at the bottom of the anterior median fissure of the spinal cord in the adult. The cuticulæ of the ependymal cells form the internal limiting membrane. In certain places



such as the roofs of the third and fourth ventricles the ventricular wall consists of a single layer of epithelium of ependymal origin.

*Neuroglia in the restricted sense* includes protoplasmic astrocytes, fibrous astrocytes and oligodendroglia. *Protoplasmic astrocytes* are found in the gray matter of the brain and spinal cord. They are characterized by their numerous freely branching protoplasmic processes, which give them the characteristic

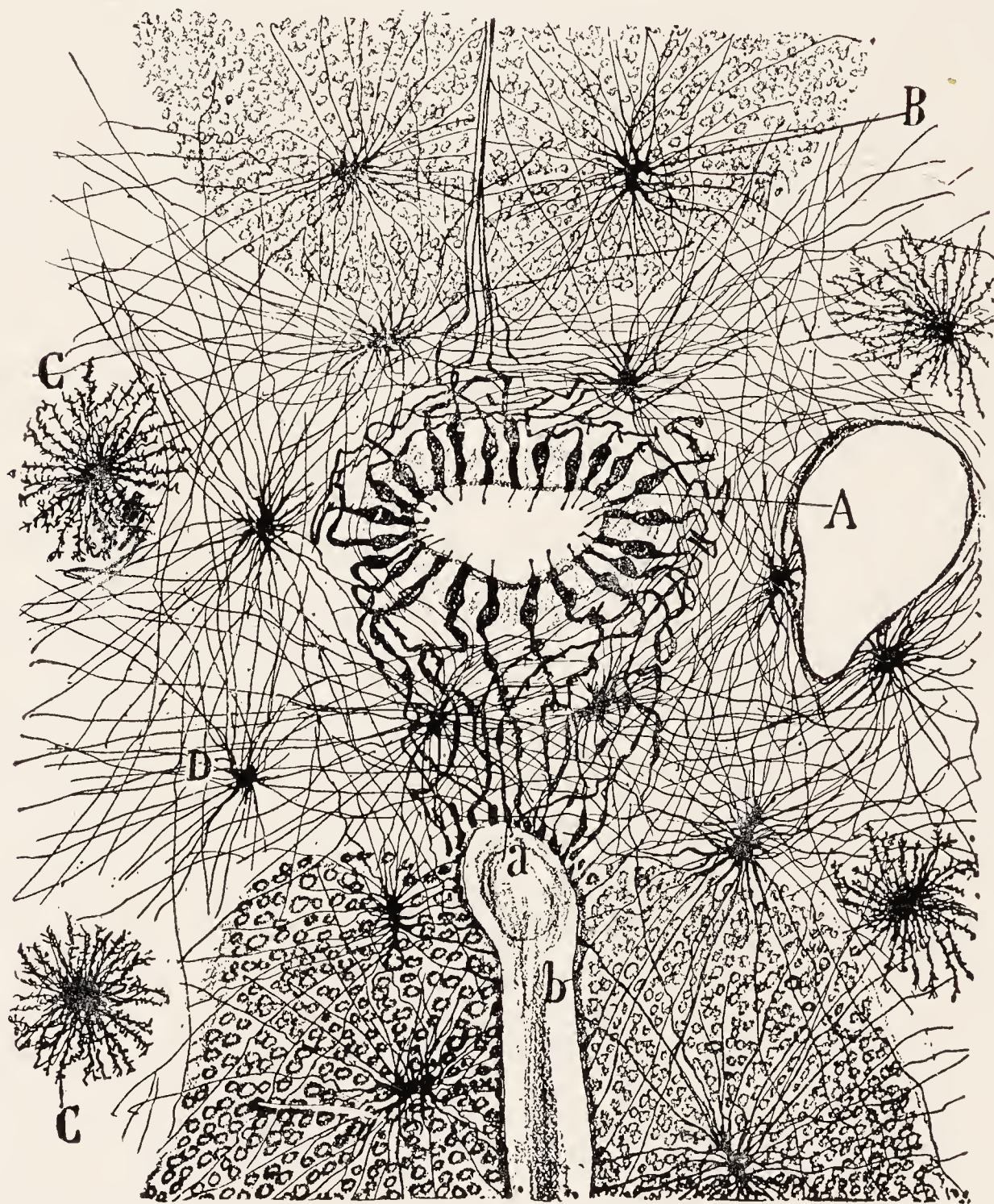


Fig. 36.—Ependyma and neuroglia in the region of the central canal of a child's spinal cord: *A*, Ependymal cells; *B* and *D*, fibrous astrocytes; *C*, protoplasmic astrocytes. Golgi method. (Cajal.)

appearance because of which they are often called mossy cells (Figs. 36, *C*; 37, *A*). *Fibrous astrocytes*, found chiefly in the white matter, differ from the preceding because of their long unbranched fibers. These run through the cytoplasm, project from the cell bodies in every direction and give them an appearance which has earned the name spider cells (Figs. 36, *D*; 37, *B*). Both types of astrocytes are attached to blood vessels by one or more processes that terminate in perivascular feet (Fig. 37, *B*). *Oligodendroglia* cells are smaller than the astrocytes.



Their processes, which are few in number, are slender and relatively free from branches (Fig. 37, *D*). They are found in the white substance in rows between the

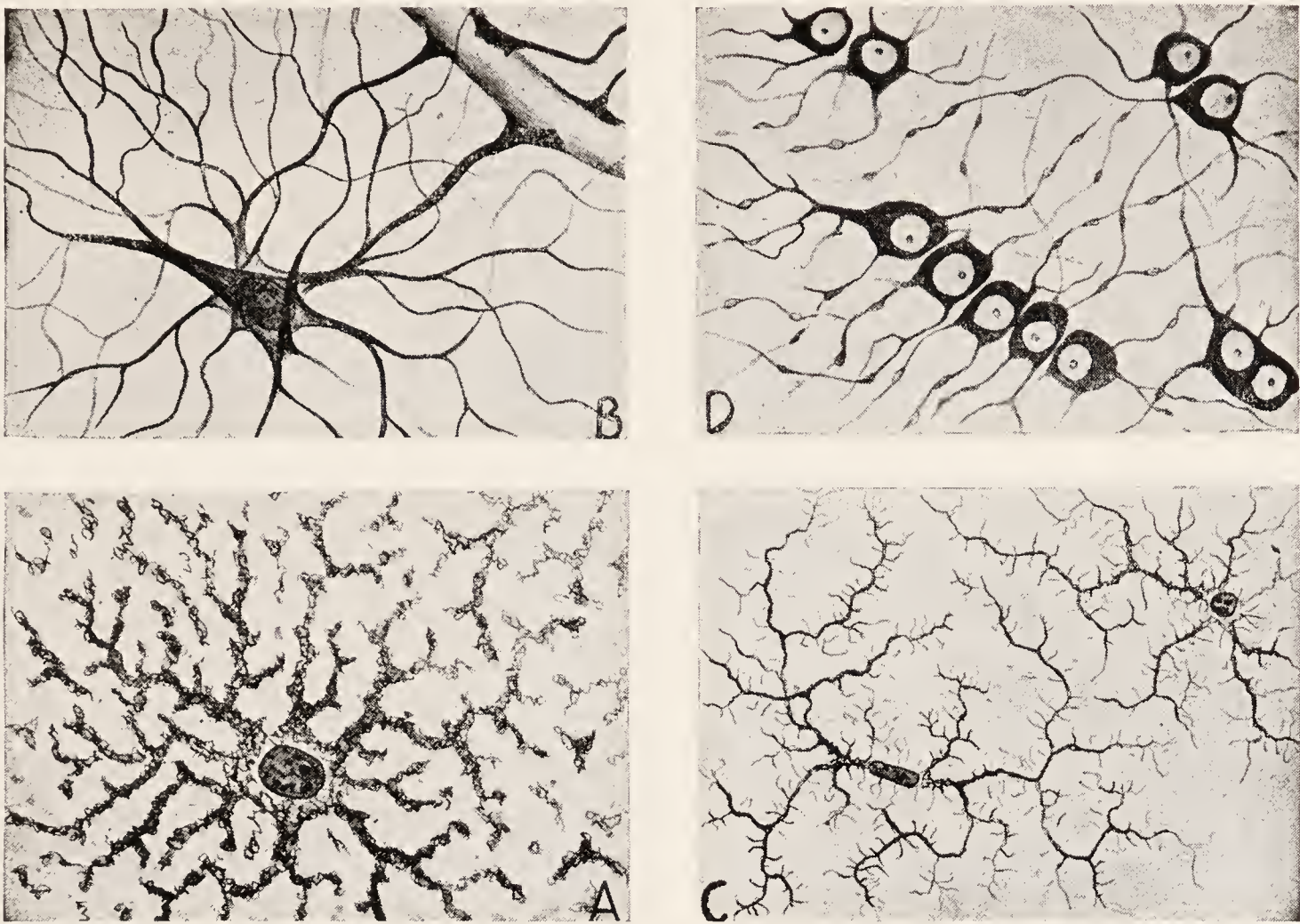


Fig. 37.—Interstitial cells of the central nervous system: *A*, Protoplasmic neuroglia; *B*, fibrous neuroglia; *C*, microglia; *D*, oligodendroglia. (After Rio Hortega.)

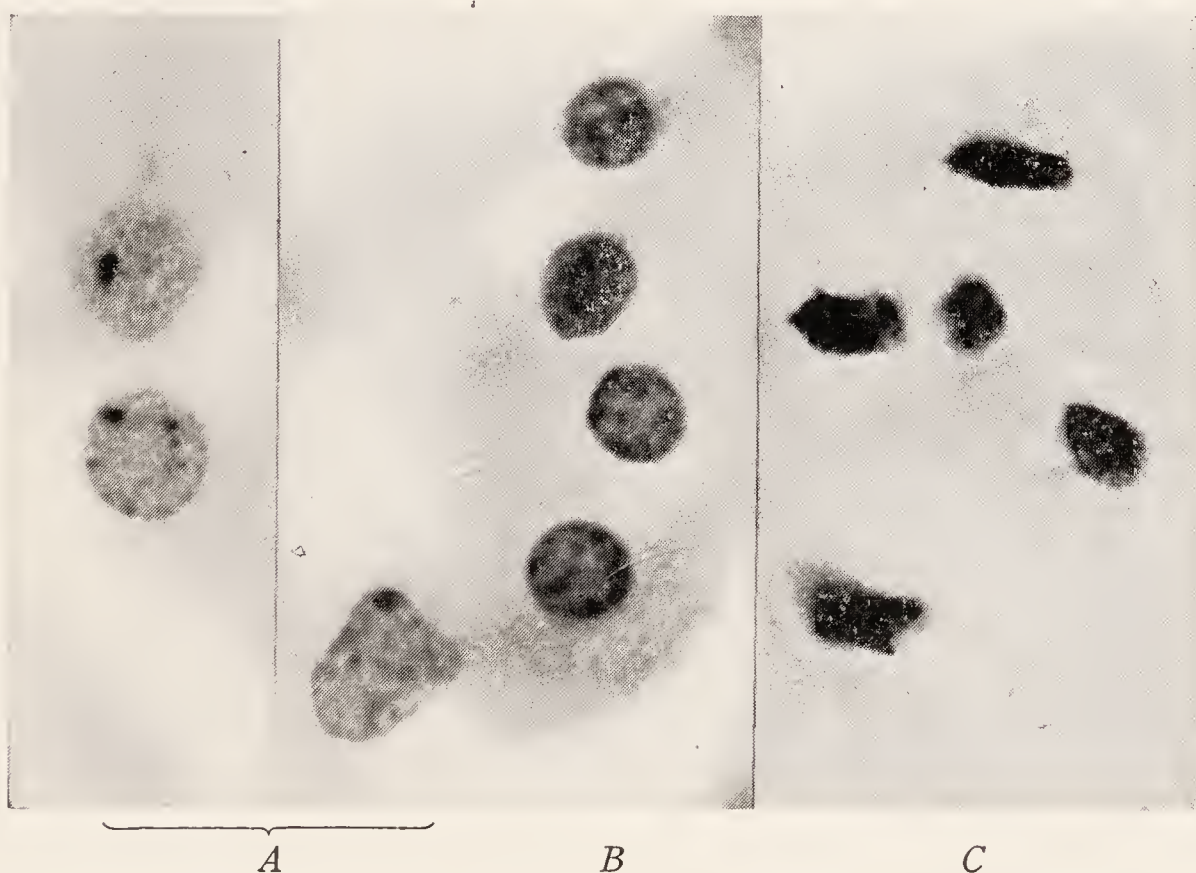


Fig. 38.—Nuclei of astrocytes (*A*), oligodendroglia (*B*), and microglia (*C*). Stained with cresyl violet. Photographs by Weil.

nerve-fibers, which are partly invested by their processes and in the gray matter, closely applied as satellites to the nerve-cells. Others both in the gray and white



matter lie with their cell bodies resting on small blood vessels. It is not likely that oligodendrocytes offer much mechanical support for the nervous elements and it has been suggested that their function is chiefly a metabolic one, that they regulate the formation of myelin and act as intermediary agents in the exchange of metabolic products between ganglion cells and brain fluids.

The *pia-glial membrane* which encloses the brain and spinal cord is composed of a condensation of neuroglia attached to the deep surface of the pia. Many astrocytes send processes considerable distances to terminate in expansions beneath the pia and there are numerous small astrocytes closely applied to its under surface. The pia-glial membrane accompanies the blood vessels into the brain and spinal cord forming tubular channels within which the vessels run (Fig. 269).

*Microglia* cells of mesodermal origin are found in both the gray and white matter. They are very small and, while the majority are multipolar, some are distinctly bipolar (Fig. 37, C). From the scanty cytoplasm surrounding the nucleus arise two, three or more spiny frequently branching processes. It is doubtful if microglia cells have any important function under normal conditions, but when nervous tissue is damaged they assume the rôle of scavenger cells (compound granular corpuscles or gitter cells).

In preparations stained with the basic dyes the nuclei of the different types of cells can be easily distinguished. The nerve-cells have large, lightly staining vesicular nuclei with large round nucleoli (Fig. 26). The nuclei of astrocytes are about the size of those found in small nerve-cells. They are irregularly oval, stain lightly and contain granules of chromatin but no nucleolus (Fig. 38, A). Oligodendroglia nuclei are smaller than those of astrocytes and stain much darker (Fig. 38, B). The nuclei of microglia cells are the smallest and most darkly stained. They may be round, oblong, triangular or curved like a "C" (Fig. 38, C).

## CHAPTER V

### THE SPINAL NERVES

WE have had a glance at the earliest beginnings of a nervous system in the animal series and learned something of its biologic significance. We have traced briefly its development in the mammalian embryo, and become familiar with its chief subdivisions. We have studied the microscopic units of which it is composed, learning something of their development, structure, and function. With this information we are prepared to take up a more detailed study of the various subdivisions of the system.

**Subdivisions of the Nervous System.**—The most convenient and logical classification of the parts of the nervous system is that which emphasizes the distinction between the central organs and those peripheral portions which are concerned chiefly in conducting impulses to and from the central organs, as follows:

The central nervous system:

Brain,

Spinal cord.

The peripheral nervous system:

Cerebrospinal nerves:

Cranial nerves,

Spinal nerves.

The sympathetic nervous system.

The anatomic relationships of these subdivisions in man are illustrated in Figs. 39 and 40. The brain lies within and nearly fills the cranial cavity. It is continuous through the foramen magnum with the spinal cord, which occupies but does not fill the vertebral canal. From the brain arises a series of nerves usually enumerated as twelve pairs and known as cranial or cerebral nerves; while thirty-one pairs of segmentally arranged spinal nerves take origin from the spinal cord.

Branches of the cerebrospinal nerves reach most parts of the body. They are composed of afferent fibers, which receive and carry to the central nervous system sensory impulses produced by external or internal stimuli, and of efferent fibers, which convey outgoing impulses to the organs of response. It is through the central nervous system that the incoming impulses find their way into the proper outgoing paths. To bring about this shunting of incoming impulses into the appropriate efferent paths requires the presence of untold numbers of central or association neurons, and it is of these that the central organs—brain and spinal cord—are chiefly composed.



Many authors employ a classification which emphasizes the distinction between the *cerebrospinal nervous system*, composed of the brain and spinal cord with their associated nerves, and the *sympathetic nervous system*. But this usage

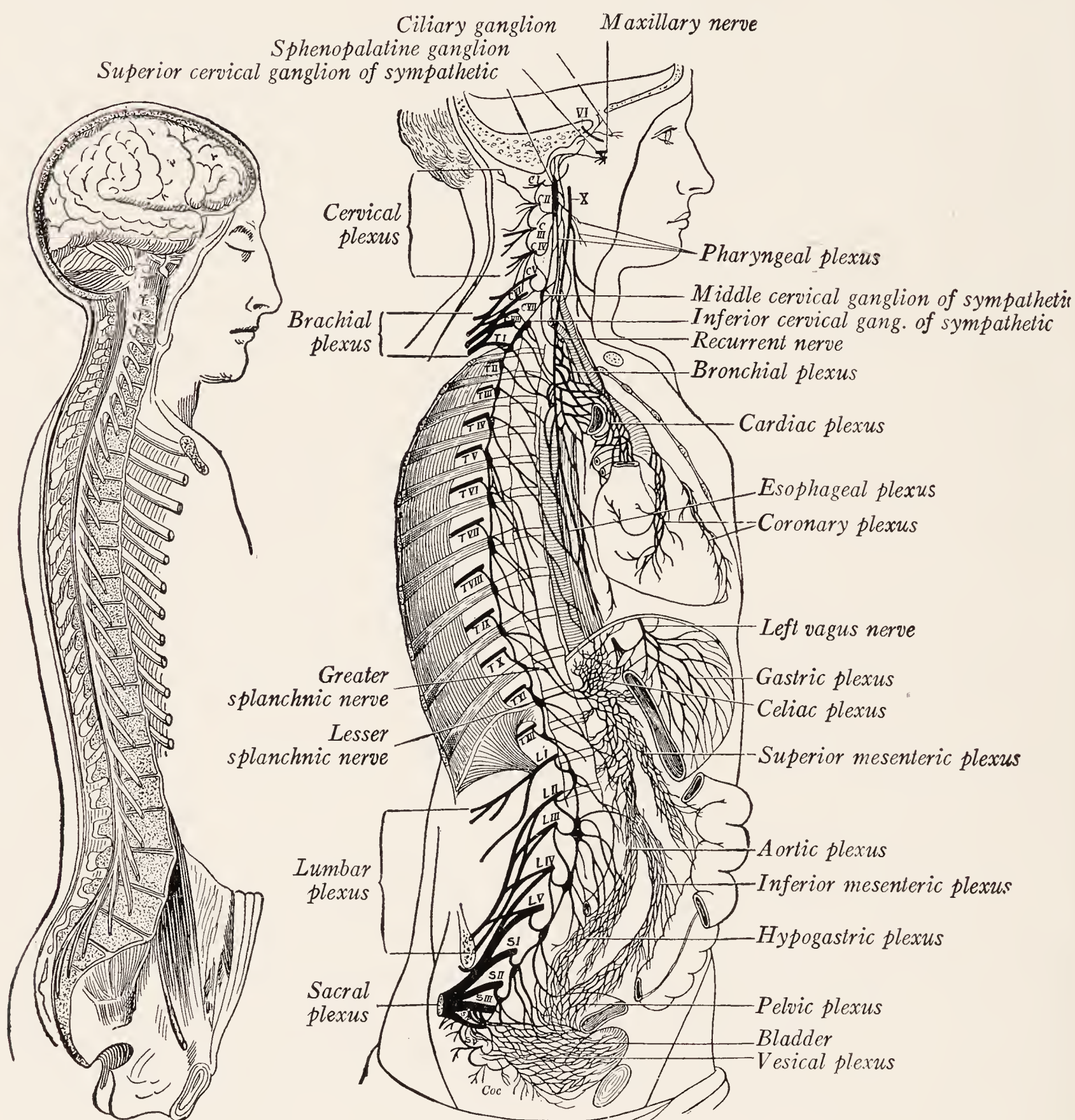


Fig. 39.

Fig. 40.

Fig. 39.—General view of the central nervous system, showing the brain and spinal cord *in situ*. (Bourguery, Schwalbe, van Gehuchten.)

Fig. 40.—Diagram of the sympathetic nervous system and its connections with the cerebrospinal nerves. (Schwalbe, Herrick.)

has the disadvantage that it is likely to engender an entirely false notion of the independence of the sympathetic system.

The **spinal nerves** take origin from the spinal cord within the vertebral canal and make their exit from this canal through the corresponding intervertebral



foramina. As component parts of such a nerve there may be recognized a ventral and a dorsal ramus, a ventral and a dorsal root, and associated with the latter a spinal ganglion. The fibers of the ventral root have their cells of origin within the spinal cord and are distributed through both ventral and dorsal rami. Since they conduct impulses from the spinal cord they are known as efferent or motor fibers. The sensory or afferent fibers of the dorsal roots and spinal nerves arise from cells located in the spinal ganglia. These fibers also are distributed through both ventral and dorsal rami (Fig. 43).

**Metamerism.**—That the spinal nerves are segmentally arranged, a pair for each metamere, is readily appreciated in the case of the typical body segments of the thoracic region. Here it is obvious that a nerve supplies the corresponding dermatome and myotome, or in the adult the skin and musculature of its own segment. While the *thoracic nerves* retain this primitive arrangement in the adult, the distribution of fibers from the other spinal nerves is complicated by the development of the limb buds and by the shifting of myotomes and dermatomes during the development of the embryo.

Opposite the attachment of the limb buds the ventral rami of the corresponding nerves unite to form flattened plates, and from these plates the *brachial* and *lumbosacral plexuses* are developed. Within these plexuses the fibers derived from a number of ventral rami are intermingled in what appears at first to be hopeless confusion. Each nerve which extends from these plexuses into the limbs carries with it fibers from more than one spinal nerve. To determine the exact distribution of the fibers from each segmental nerve has been a very difficult problem, in the elucidation of which the work of clinical neurologists has been of the first importance. A study of the paralyses and areas of anesthesia, resulting from lesions involving one or more nerve roots within the vertebral canal, has contributed much toward its solution.

Sherrington (1894) attacked the problem of the distribution of the sensory fibers by experimental methods on cats and monkeys; and Foerster (1933) made use of his extensive neurosurgical practice to repeat this work in man. They found that section of a single dorsal root does not cause complete anesthesia anywhere and attributed this result to an overlapping of the areas of distribution of adjacent spinal nerves. Next, selecting a particular dorsal root for study, they cut two or three roots both above and below it. The zone, in which sensation still persisted and which was surrounded by an area of anesthesia, represented the cutaneous field of that particular root. They found that each sensory root field or dermatome overlapped those of adjacent roots (Fig. 41). The general arrangement of these sensory root fields in man is indicated on the right side of Fig. 42, *A*. On the opposite side is indicated the distribution of the cutaneous nerves. The shape, size, and overlapping of some of the dermatomes is shown in Fig. 42, *B*. It will be seen that in the extremities there is no correspondence between the areas supplied by the peripheral nerves and those supplied by individual dorsal roots. It will also be evident that the fibers of a given dorsal root reach the cor-



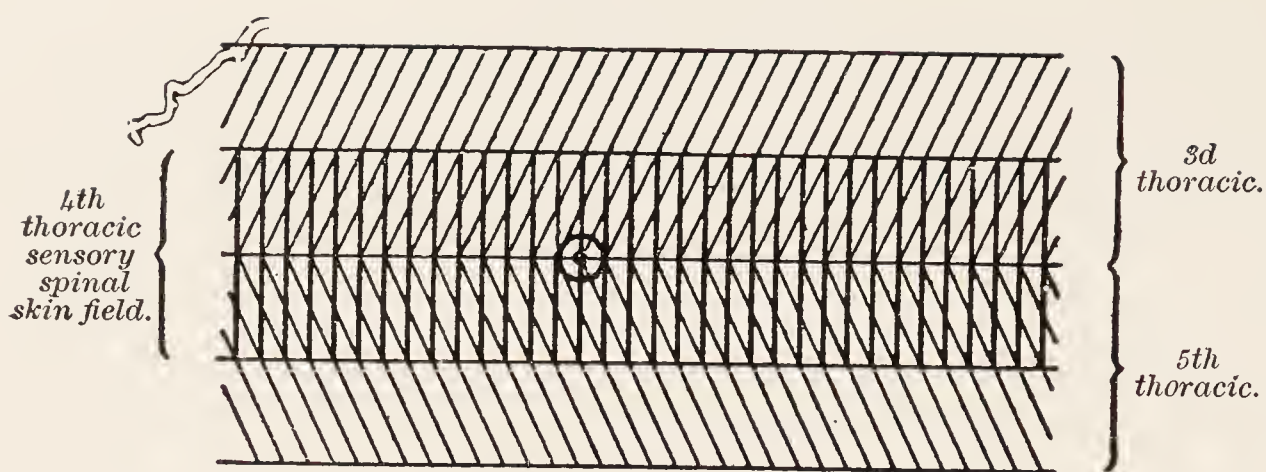


Fig. 41.—Diagram of the position of the nipple in the sensory skin fields of the fourth, third, and fifth thoracic spinal roots. The overlapping of the cutaneous areas is represented. (Sherington.)

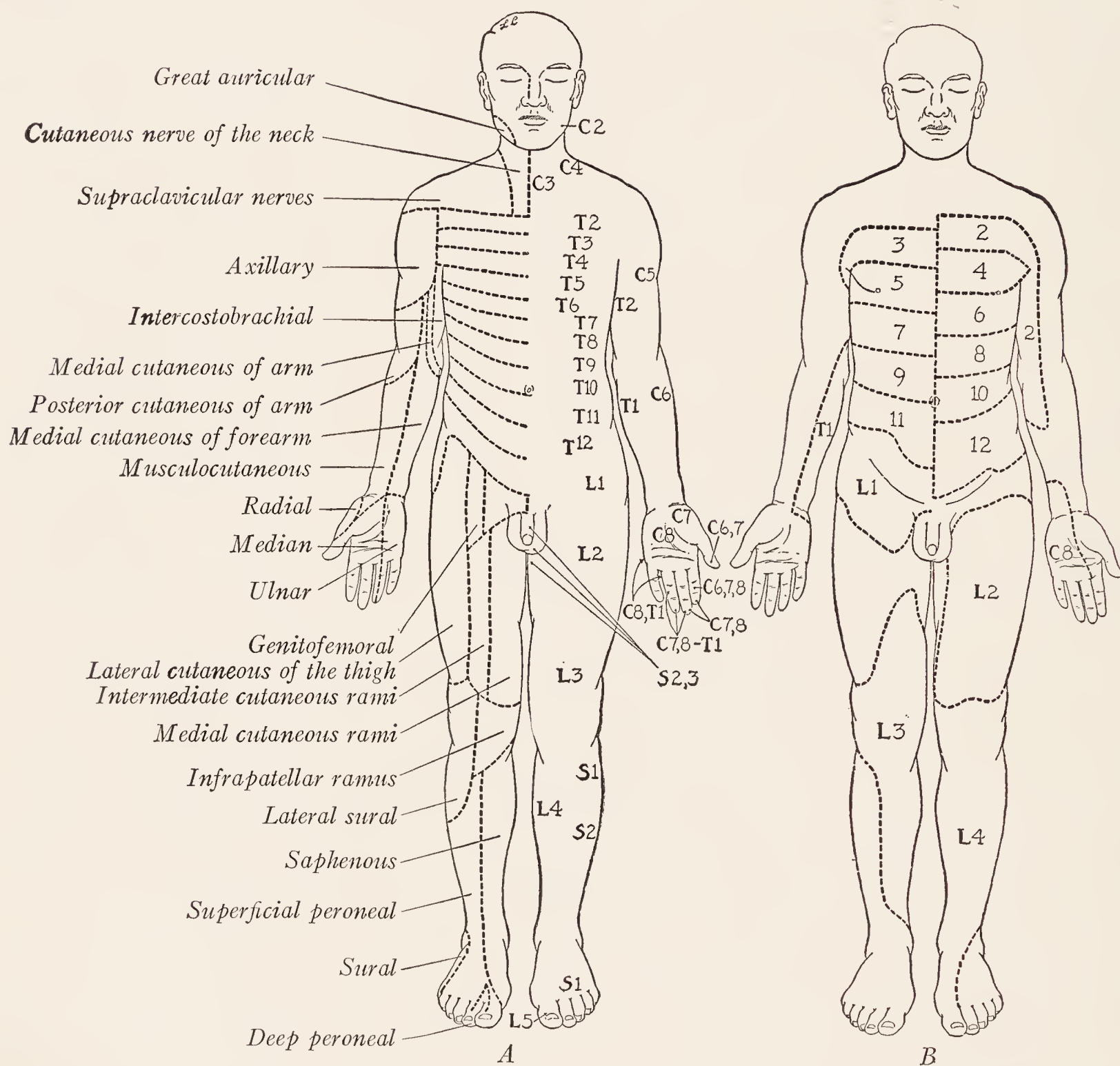


Fig. 42.—Dermatomes contrasted with the areas supplied by cutaneous nerves. A, Shows the distribution of cutaneous nerves on one side and on the other the general arrangement of the dermatomes. B, Shows the size, shape and degree of overlapping of some of the dermatomes.

responding sensory root field by way of more than one cutaneous nerve. Although in the plexuses associated with the innervation of the extremities each segmental

nerve contributes sensory fibers to two or more peripheral nerves, the cutaneous distribution of the fibers from each root is not composed of disjointed patches, but forms a continuous field. A knowledge of the cutaneous distribution of the various nerve roots is of great importance in enabling the clinician to determine the level of a lesion of the spinal cord or nerve roots within the vertebral canal.

In the same way the shifting of muscles during embryonic development has been accompanied by corresponding changes in the spatial distribution of the *motor fibers*. A familiar example is furnished by the diaphragm, the musculature of which is derived from cervical myotomes and which in its descent carries with it the phrenic nerve. This explains the origin of the phrenic from the third, fourth, and fifth cervical nerves.

If, as seems probable, the musculature of the extremities has not developed along metameric lines, there can be no true metamerism of the motor nerves to the limbs (Streeter, 1912). Yet the fibers from each ventral root are distributed in a very orderly manner. As is indicated in the table on page 86, almost every long muscle receives fibers from two or more ventral roots. It will be apparent that the muscles of the trunk are innervated from the roots belonging to the several metameres from the myotomes of which these muscles developed. The table shows in a general way the distribution of the fibers of the several ventral roots.

**Functional Classification of Nerve-fibers.**—Many years ago Sir Charles Bell (1811, 1844) showed that the dorsal roots are sensory in function and the ventral roots motor; and this has been known since then as Bell's law. He recognized that sensory and motor fibers are distributed to the viscera as well as to the rest of the body. But Gaskell (1886) was the first to make a detailed study of the nerve-fibers supplying the visceral and vascular systems. We now recognize in the spinal nerves elements belonging to four functionally distinct varieties, namely, *visceral afferent*, *visceral efferent*, *somatic afferent*, and *somatic efferent* fibers (Fig. 43).

**Visceral Components.**—The fibers which innervate the visceral and vascular systems, including all involuntary muscle and glandular tissue, possess certain distinguishing characteristics. They are all fine myelinated fibers and end in sympathetic ganglia from which the impulses are relayed to involuntary muscles and glands by a second set of neurons (Fig. 43). They are usually designated as *visceral efferent fibers*, and they run by way of the white rami to the sympathetic ganglia. Visceral efferent fibers are present in those spinal nerves which possess white rami, *i. e.*, in all of the thoracic and the first four lumbar nerves. They are also present in the second, third, and fourth sacral nerves through the visceral branches of which they reach the pelvic sympathetic plexuses.

There are also *visceral afferent fibers* distributed to the thoracic and abdominal viscera by way of the white rami from the thoracic and upper lumbar nerves. These have their cells of origin in the spinal ganglia and are continued through the dorsal roots into the spinal cord (Fig. 43). In addition to the visceral afferent



and efferent fibers, which can be followed through the nerve roots into the spinal cord, there are unmyelinated postganglionic visceral efferent fibers which enter the spinal nerves from the sympathetic ganglia by way of the gray rami communicantes. These fibers are distributed through the peripheral branches of the nerve to smooth muscle and glandular tissue, especially to the sweat glands and to the smooth muscle in cutaneous blood vessels and hair follicles. We shall have much more to say about the visceral components of the spinal nerves in the chapter on the Sympathetic Nervous System. In the remaining pages of this chapter we shall confine our attention to the *somatic components*, *i. e.*, to those fibers which innervate the various parts of the body exclusive of the visceral and vascular systems.

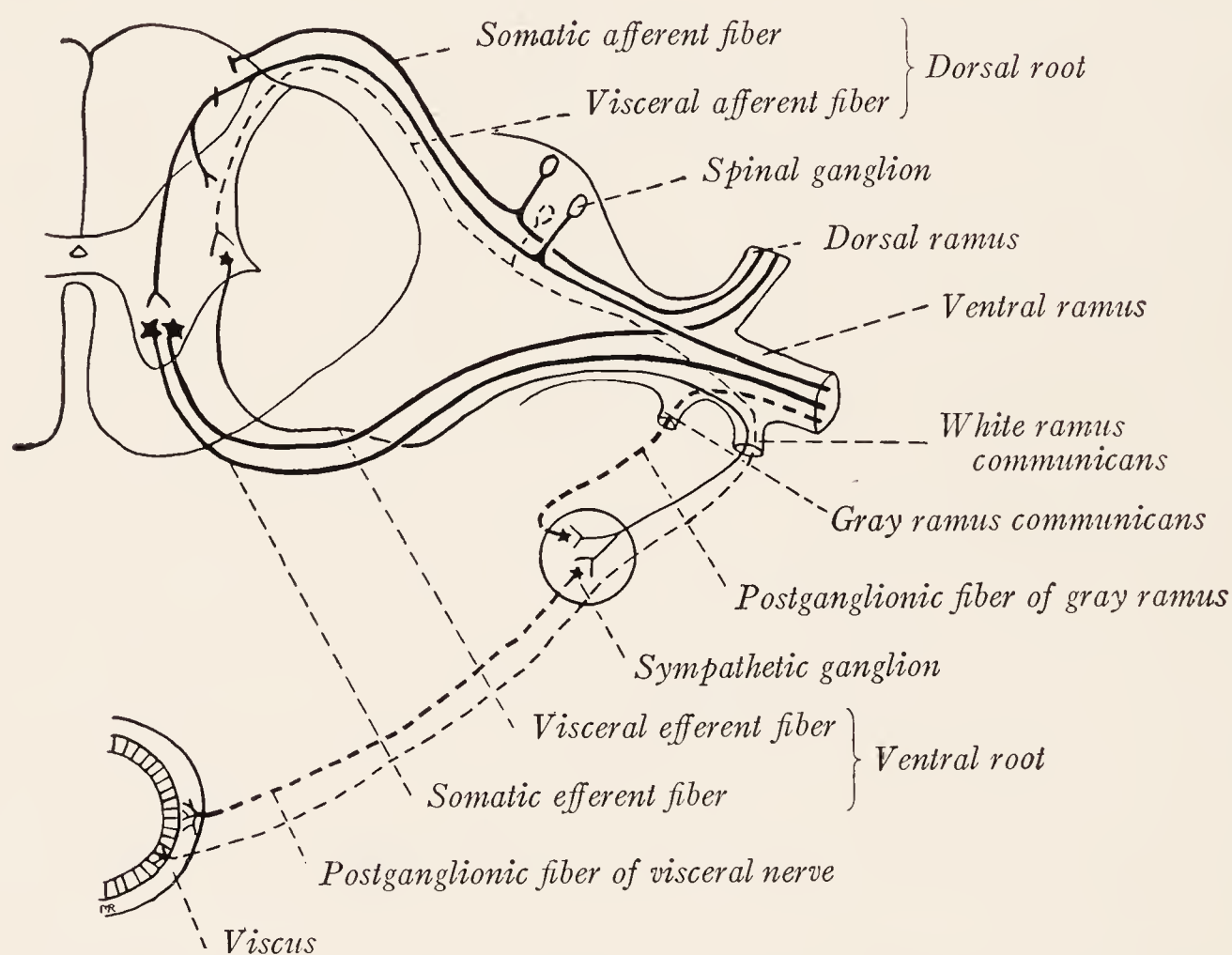


Fig. 43.—Diagrammatic section through a spinal nerve and the spinal cord in the thoracic region to illustrate the chief functional types of peripheral nerve-fibers.

**Somatic Efferent Components.**—The skeletal muscles are innervated by myelinated fibers, which are, for the most part, of large caliber. The axis-cylinders of these fibers are the axons of cells located in the ventral part of the gray matter of the spinal cord, and they end on the muscle-fibers in special *motor end-plates*. Such a primary motor neuron is illustrated in Fig. 29. A motor fiber undergoes repeated division as it approaches its termination, but each branch retains its myelin sheath until in contact with the muscle-fiber. At this point this sheath terminates abruptly, and the neurilemma becomes continuous with the sarcolemma (Fig. 44). The terminal branches of the axon are short, thick, and irregular. They lie immediately under the sarcolemma in a bed of specialized sarcoplasm containing a number of large clear nuclei. The wave of activation, which travels

down an axon as a nerve impulse, is transmitted through these motor nerve endings to the muscle and initiates a contraction.

**The Spinal Ganglia.**—Since the afferent fibers in the spinal nerves take their origin from the ganglia on the dorsal roots we shall do well to interrupt for a moment our functional analysis of the spinal nerves and consider the structure of these ganglia.

The spinal ganglia are rather simple structures so far as their fundamental plan is concerned. It has long been known that the typical cells of the mammalian spinal ganglion are *unipolar*. The cell body is irregularly spheric. The axon, which is attached to the perikaryon by an implantation cone, is coiled on itself in the neighborhood of the cell, forming what is known as a glomerulus (Fig. 45, *f*).

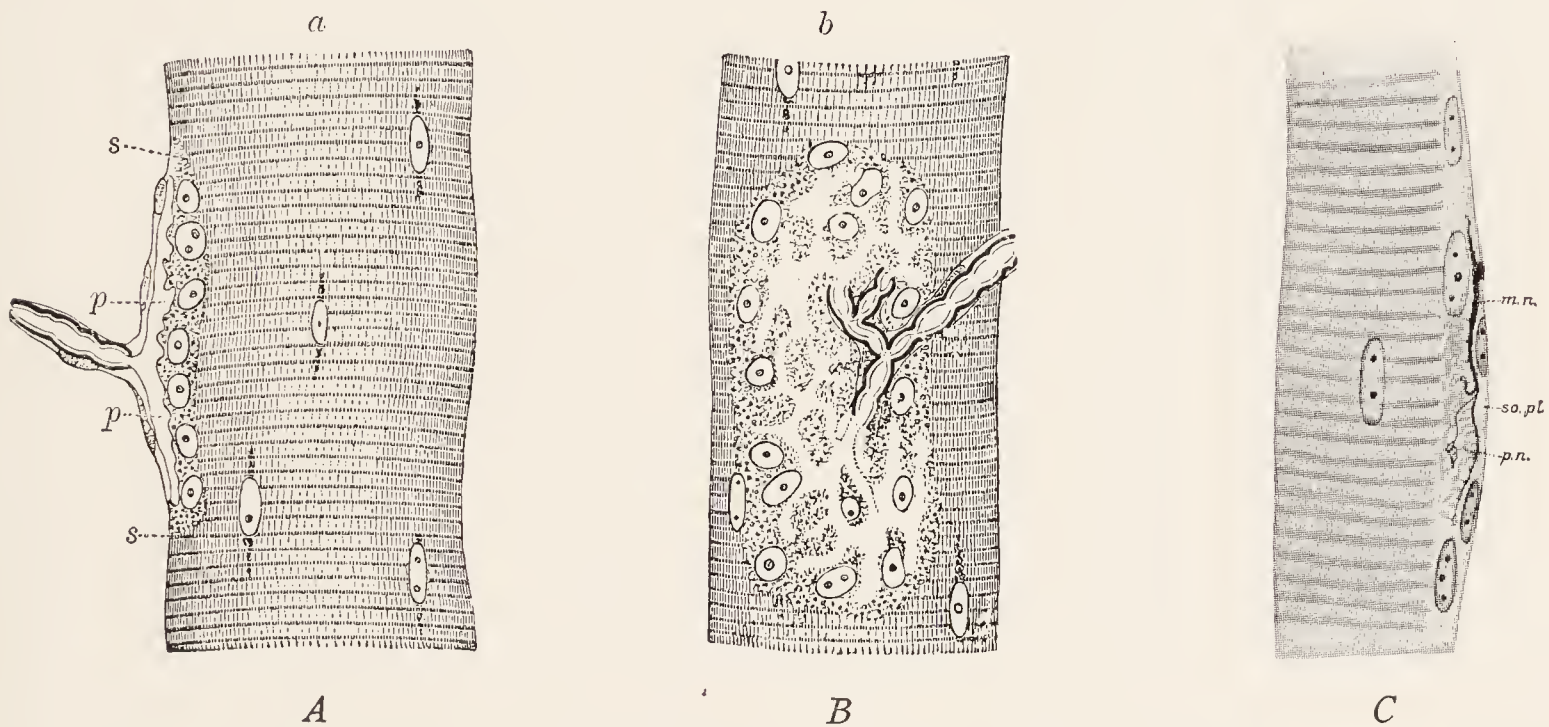


Fig. 44.—Nerve endings in striated muscle. *A* and *B*, Motor end-plates in muscle-fibers from a lizard in profile and surface views: *s*, sarcolemma; *p*, branch of axon. Beneath this is a layer of granular sarcoplasm containing a number of nuclei. In *B* the ramifications of the unstained axon are seen spreading from the termination of the medullated fiber (Kühne in Quain's Anatomy). *C*, Motor end-plate on a muscle-fiber of a mole: *m.n.*, Ramification of axon; *so.pl.*, specialized sarcoplasm containing nuclei and the periterminal net, *p.n.* (Boeke in Penfield's Cytology and Cellular Pathology of the Nervous System, Paul B. Hoeber, Inc.)

It then runs into one of the central fiber bundles of the ganglion and divides in the form of a **T** or **Y** into two branches, of which one is directed toward the spinal cord in the dorsal root. The other and somewhat larger branch is directed distally in the spinal nerve. The cells vary greatly in size and the diameter of the axon varies with that of the cell from which it springs. An axon arising from a *large cell* usually forms a very pronounced glomerulus and soon becomes ensheathed with myelin, and this myelin sheath is continued along both branches into which it divides. The branching occurs at a node of Ranvier.

As was originally pointed out by Cajal (1907) and Dogiel (1908) and strongly emphasized by Ranson (1912) the *small cells* of these ganglia give rise to fine unmyelinated fibers. These coil but little near the cell, or the glomerulus may be entirely lacking (Fig. 45, *a*). They divide dichotomously, just as do the myelinated



fibers, into finer central and coarser peripheral branches. At the point of bifurcation there is a triangular expansion in place of the constriction so characteristic of a dividing myelinated fiber. It has been shown by Hatai (1902) and Warrington and Griffith (1904) that the small cells are considerably more numerous than the large cells, though because of their small size they constitute a less conspicuous element.

A few cells retain the *bipolar* form characteristic of all the spinal ganglion cells at an early stage of development (Fig. 22).



Fig. 45.—Neurons from the spinal ganglion of a dog: *a*, Small cells with unmyelinated axons; *b*, *c*, *d*, *e*, and *f*, large cells with myelinated axons; *f*, typical large spinal ganglion cell showing glomerulus and capsule. The arrow points toward the spinal cord. Pyridine-silver method.

The spinal ganglion cells are each surrounded by a *capsule* or membranous sheath with nuclei on its inner surface (Fig. 45, *d*, *f*) which is continuous with the neurilemma sheath of the associated nerve-fiber. The cells forming the capsule are of ectodermal origin, being derived like the spinal ganglion cells themselves from the neural crest.

In good methylene-blue preparations and in sections stained by the newer silver methods it is possible to make out many additional details of structure. The axon may



split into many branches, which subdivide and anastomose, forming a true network in the neighborhood of the cell (Fig. 45, *b*). From this network the axon is again assembled and passes on to a typical bifurcation. Or the axon may be assembled out of a similar plexus which, however, is connected with the cell by several roots (Fig. 45, *c*). Some of the fibers give off collaterals terminating in spheric or pear-shaped end-bulbs. Such an end-bulb may rest upon the surface of its own perikaryon (Fig. 45, *d*) or elsewhere in the ganglion. From the body of some cells short club-shaped dendrites arise, which, however, terminate beneath the capsules which surround the cells.

Under pathological conditions the number of unusual cell types is greatly increased. This can best be seen in tabetic ganglia and after the transplantation of the spinal ganglion in animals. Under such conditions pericellular plexuses are formed around many of the cells as a result of the growth in circles around the cells of new-formed fibers, which have sprouted from the cell body or the adjacent portion of the axon or from an adjacent cell. It now seems probable that the atypical cells seen in normal ganglia represent proliferative activity on the part of a few isolated neurons in response to some disturbing influence. Pericellular plexuses are rare in strictly normal ganglia and it is doubtful if any of them represent the termination of fibers entering the ganglion from the sympathetic system (Cajal, 1928; de Castro, 1932; Barris, 1934.)

The *fiber bundles of the ganglia* are composed of both myelinated and unmyelinated fibers representing the branches of the axons of the spinal ganglion cells. Both types of fibers can be followed through the dorsal roots into the spinal cord, as well as distally into the nerves. In the latter they mingle with the large myelinated fibers coming from the ventral roots. When traced distally in the peripheral nerve the unmyelinated fibers are found to go in large part to the skin, though a few run in the muscular branches (Ranson and Davenport, 1931; Duncan, 1938).

**The Structure of the Spinal Nerves.**—A spinal nerve is composed of nerve fibers bound together by connective tissue, which may break it up into several fascicles (Fig. 46). Each fascicle, or the entire nerve if it is not fasciculated, is surrounded by a layer of dense connective tissue, the perineurium, from which fine strands of this tissue penetrate between the individual fibers, forming the endoneurium. Loose connective tissue, the epineurium, envelops the perineurium and, if several fascicles are present, binds these together. The cutaneous branches of the spinal nerves contain a high percentage of fine myelinated fibers and great numbers of unmyelinated fibers. In a preparation fixed with osmic acid the unmyelinated fibers remain unstained and in Fig. 46 the only evidence of their presence is the rather wide separation between the myelinated fibers. In cutaneous nerves the unmyelinated fibers, which are very numerous, are of two kinds: (1) sensory unmyelinated fibers with cells of origin in the spinal ganglia, and (2) postganglionic sympathetic fibers, which have entered the nerve by way of the gray ramus from the sympathetic ganglia. Nerves going to muscles are composed chiefly of large myelinated fibers, but also contain a few small myelinated and unmyelinated fibers.

The *ventral roots* of the spinal nerves contain somatic motor fibers most of which are large although a few are small (Fig. 47, *C*). In addition to the somatic



components, the ventral roots of the thoracic and upper lumbar nerves, which are associated with white rami, and of the second, third, and fourth sacral nerves, which give off branches to the pelvic viscera, contain large numbers of fine myelinated preganglionic visceral efferent fibers. Relatively few myelinated fibers of medium size and few unmyelinated fibers are found in ventral roots as will be seen from a comparison of Fig. 47, *C*, in which the myelin sheaths are stained black with osmic acid, with Fig. 47, *D*, in which the axons are stained black with silver.

The *dorsal roots* contain myelinated fibers of all sizes and also great numbers of unmyelinated axons. In a cross section of such a root stained with silver (Fig. 47, *B*) one sees large and small darkly stained axons, corresponding to the myelin-

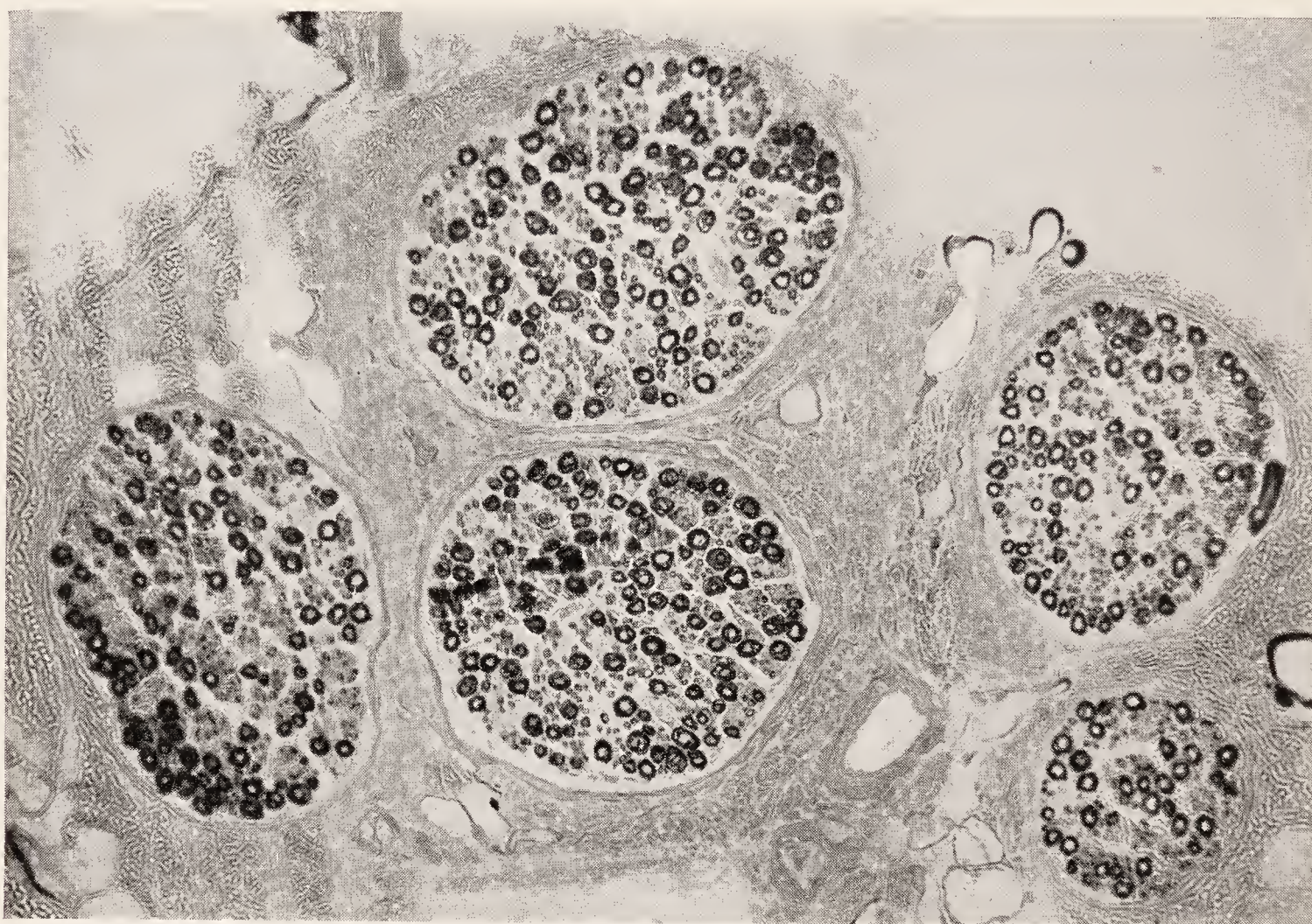


Fig. 46.—Cutaneous branch of an intercostal nerve of man in cross section stained with osmic acid.

ated fibers in the preparation of the same root stained with osmic acid (Fig. 47, *A*). The very numerous unmyelinated fibers are grouped in bundles which occupy the interstices among the myelinated fibers. In the photomicrograph of a cross section of the root stained with silver, the unmyelinated fibers appear as dots and the bundles as clusters of dots.

**Classification of the Somatic Afferent Fibers According to Function.**—Sherrington (1906) in an instructive book on “The Integrative Action of the Nervous System” has furnished us with a useful classification of the elements belonging to the afferent side of the nervous system. He designates those carrying impulses from the viscera as *interoceptive*, and subdivides the somatic afferent elements into exteroceptive and proprioceptive groups. The *exteroceptive fibers*



carry impulses from the surface of the body and from such sense organs, as the eye and ear, that are designed to receive stimuli from without. These fibers, therefore, are activated almost exclusively by external stimuli. The *proprioceptive fibers*, on the other hand, respond to stimuli arising within the body itself and convey impulses from the muscles, joints, tendons, and the semicircular canals of the ear. Each group has receptors or sensory endings designed to respond to its appropriate set of stimuli, and for each there are special connections within the brain and spinal cord.

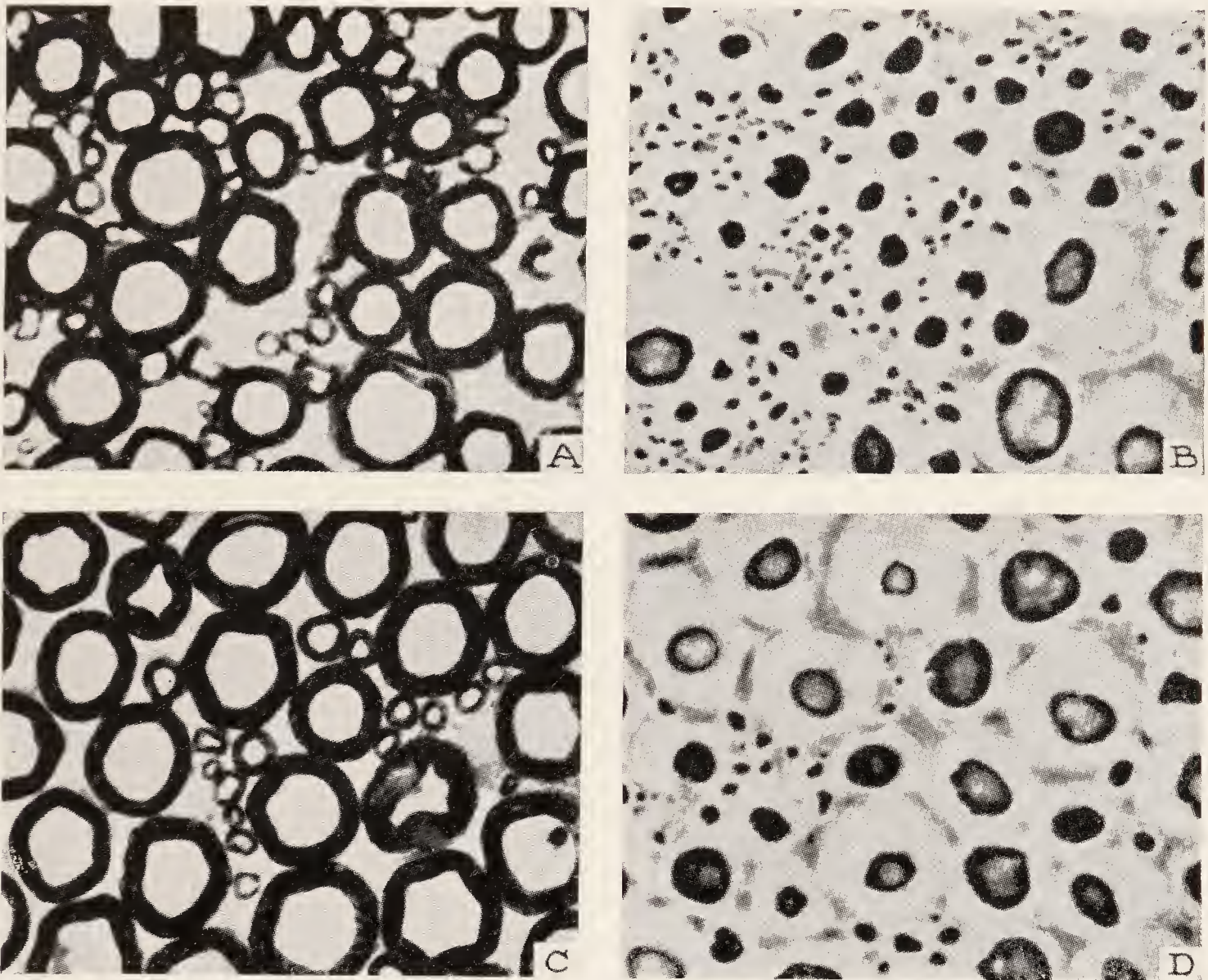


Fig. 47.—Sections of roots of the third sacral nerve of a dog: *A*, Dorsal root, osmic acid; *B*, same root, silver stain; *C*, ventral root, osmic acid; *D*, same root, silver stain. There are few if any preganglionic visceral efferent fibers in the ventral root of the third sacral nerve of the dog. (Davenport.)

**Exteroceptive fibers and sensory endings** are activated by changes in the environment, that is to say, they are stimulated by objects outside the body. The impulses, produced in this way and carried by these fibers to the spinal cord, call forth for the most part reactions of the body to its environment; and, when relayed to the cerebral cortex, they may be accompanied by sensations of touch, heat, cold, or pain. The receptors are, for the most part, located in the skin; yet it is convenient to include in the exteroceptive group the pressure receptors which are closely allied to those for touch, but which lie below the surface of the body. At this point it should be noted that sensibility to those



forms of contact which include some slight pressure, such as the placing of a finger on the skin, is not abolished by the section of all of the cutaneous nerves going to the area in question, since the deeper nerves carry fibers capable of responding to such contacts (Head, 1905). This deep contact sensibility, which for lack of a better name we may call "pressure-touch," must not be overlooked in the analysis of cutaneous sensations.

The balance of evidence is in favor of the assumption that each of the varieties of cutaneous sensation is mediated by a separate set of nerve-fibers. We know that both myelinated and unmyelinated fibers of dorsal root origin are present in the cutaneous nerves (Ranson and Davenport, 1931). It is well established that the larger myelinated fibers mediate touch and that even when these fibers

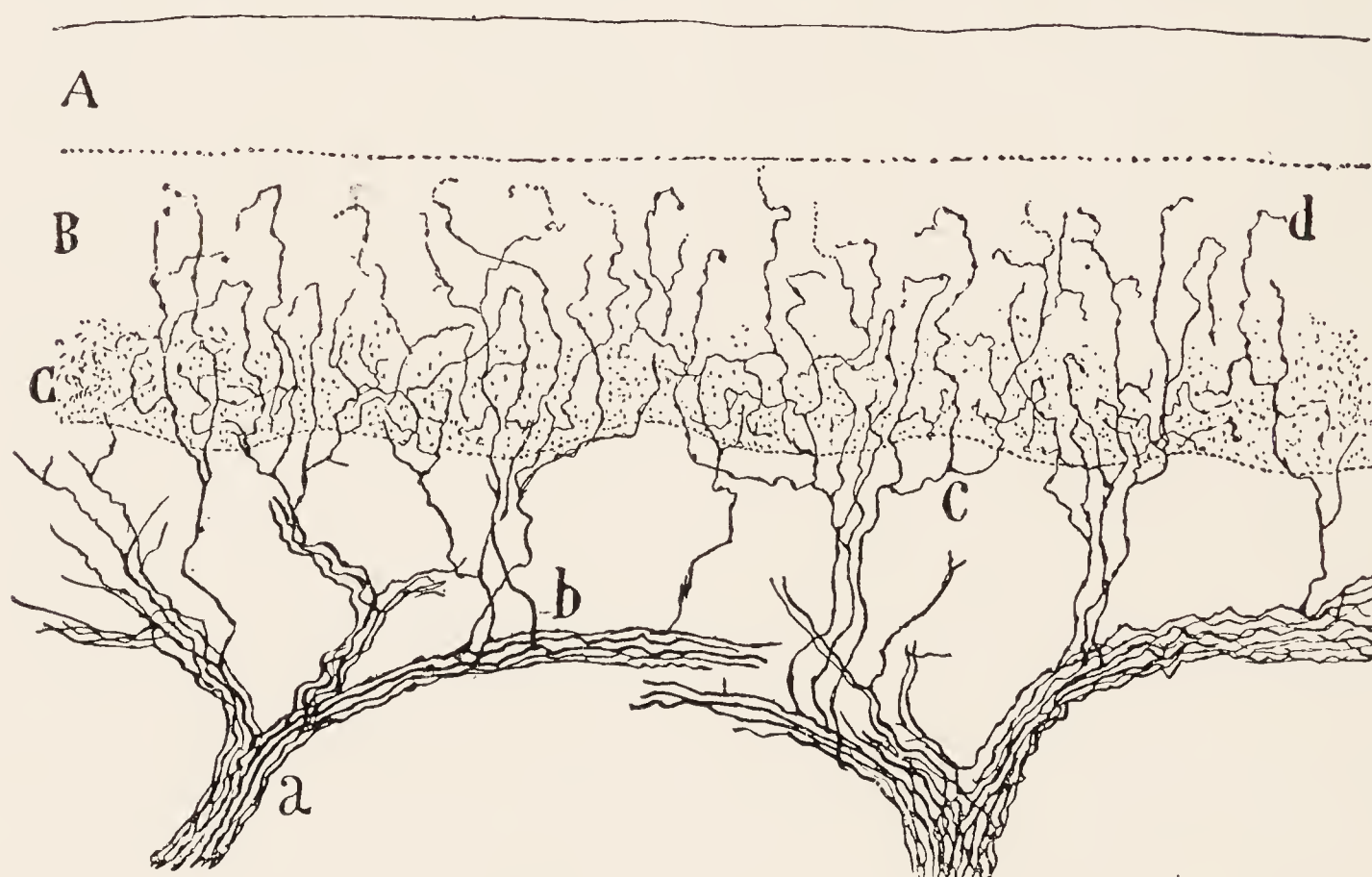


Fig. 48.—Free nerve endings in the epidermis of a cat's paw. *A*, Stratum corneum; *B*, stratum germinativum Malpighii, and *C*, its deepest portion; *a*, large nerve trunk; *b*, collateral fibers; *c*, terminal branches; *d*, terminations among the epithelial cells. Golgi method. (Cajal.)

are made to function at their maximum capacity the impulses which they carry do not give rise to pain. Information concerning the fibers mediating temperature sensation is less definite; but they are probably of the small myelinated variety. According to the best available evidence pain is conveyed by the fine myelinated and unmyelinated fibers. (Gasser and Erlanger, 1929; Adrian, 1931; Ranson, 1931; Gasser, 1935; Ranson, 1935.)

All sensory nerve endings in the skin subserve exteroceptive functions. On structural grounds they may be divided into three principal groups: (1) endings in hair-follicles, (2) encapsulated nerve endings, and (3) free terminations in the epidermis.

**Free Nerve Endings.**—Some of the myelinated fibers as they approach their terminations divide repeatedly. At first the branches retain their sheaths, but

after many divisions the myelin sheaths and finally the neurilemma are lost and only the naked axis-cylinders remain. These enter the epidermis, where, after further divisions, they end among the epithelial cells (Fig. 48). This type of nerve ending is found in the skin, mucous membranes, and cornea. Similar endings are also found in the serous membranes and intermuscular connective tissue.

We do not know what form the endings of the afferent unmyelinated fibers may take, but it is not unlikely that they also ramify in the epidermis like the terminal branches of the myelinated fibers just described. It seems certain that at least a part of the free nerve endings in the epidermis are pain receptors. In the central part of the cornea, the tympanic membrane, and the dentine and pulp of the teeth, such free nerve endings alone are present, and pain is the only sensation that can be appreciated.

Some of the nerve-fibers which enter the epidermis of the pig's snout end in disk-like expansions in contact with specialized epithelial cells (Fig. 49). These



Fig. 49.—Merkel's corpuscles consisting of tactile disks associated with specialized epithelial cells from the skin of the pig's snout. The nerve-fiber, *n*, branches and each division ends in an expanded disk, *m*, which is attached to a modified cell of the epidermis; *a*, *c*, an unmodified epithelial cell. (Ranvier, Herrick.)

expansions have been known as Merkel's tactile disks. Somewhat similar endings are found in the skin of the prepuce and there is evidence that these also are touch receptors.

**Encapsulated Nerve Endings.**—Among the encapsulated nerve endings are the *corpuscles of Meissner* (Fig. 50, *A*). These have quite generally been regarded as tactile end-organs and are located in the corium or subepidermal connective tissue of the hands and feet, forearms, lips, and certain other regions. They are of large size, oval, and possess a thin connective-tissue capsule. Each receives one or more large myelinated fibers which lose their myelin sheaths as they enter the capsule. They make a variable number of spiral turns and break up into varicose branches which form a complex network. The spiral turns give the corpuscle a striated appearance under low magnification. There is also an accessory innervation of the corpuscle by one or more unmyelinated branches of thin myelinated fibers. To another type of encapsulated end-organ belong those known as the *end-bulbs of Krause*. One of these is illustrated in Fig. 50, *B*.



They are found in the conjunctiva, edge of the cornea, lips, and some other localities.

The *Pacinian corpuscles*, two of which are illustrated in Fig. 50, have a very wide distribution in the deeper parts of the dermis of the hands and feet, and



Fig. 50.—Encapsulated sensory endings. *A*, Meissner's tactile corpuscle; *B*, end-bulb of Krause from conjunctiva of man; *C* and *D*, Pacinian corpuscles. Methylene-blue stain. (Dogiel, Sala, Böhm-Davidoff, Huber.)

in association with tendons, intermuscular septa, periosteum, peritoneum, pleura, and pericardium. They are also numerous in the neighborhood of the joints. Because of their deep location and frequent association with the joints and tendons they probably serve for the perception of movement (proprioceptive func-

tion) and of pressure as distinct from light touch (exteroceptive function). They are large oval corpuscles, made up in great part of concentric lamellæ of connective tissue. The axis of the corpuscle is occupied by a core containing the termination of a nerve-fiber. Each corpuscle receives in addition to one or more unmyelinated fibers a single thick fiber that loses its myelin sheath as it enters the core,

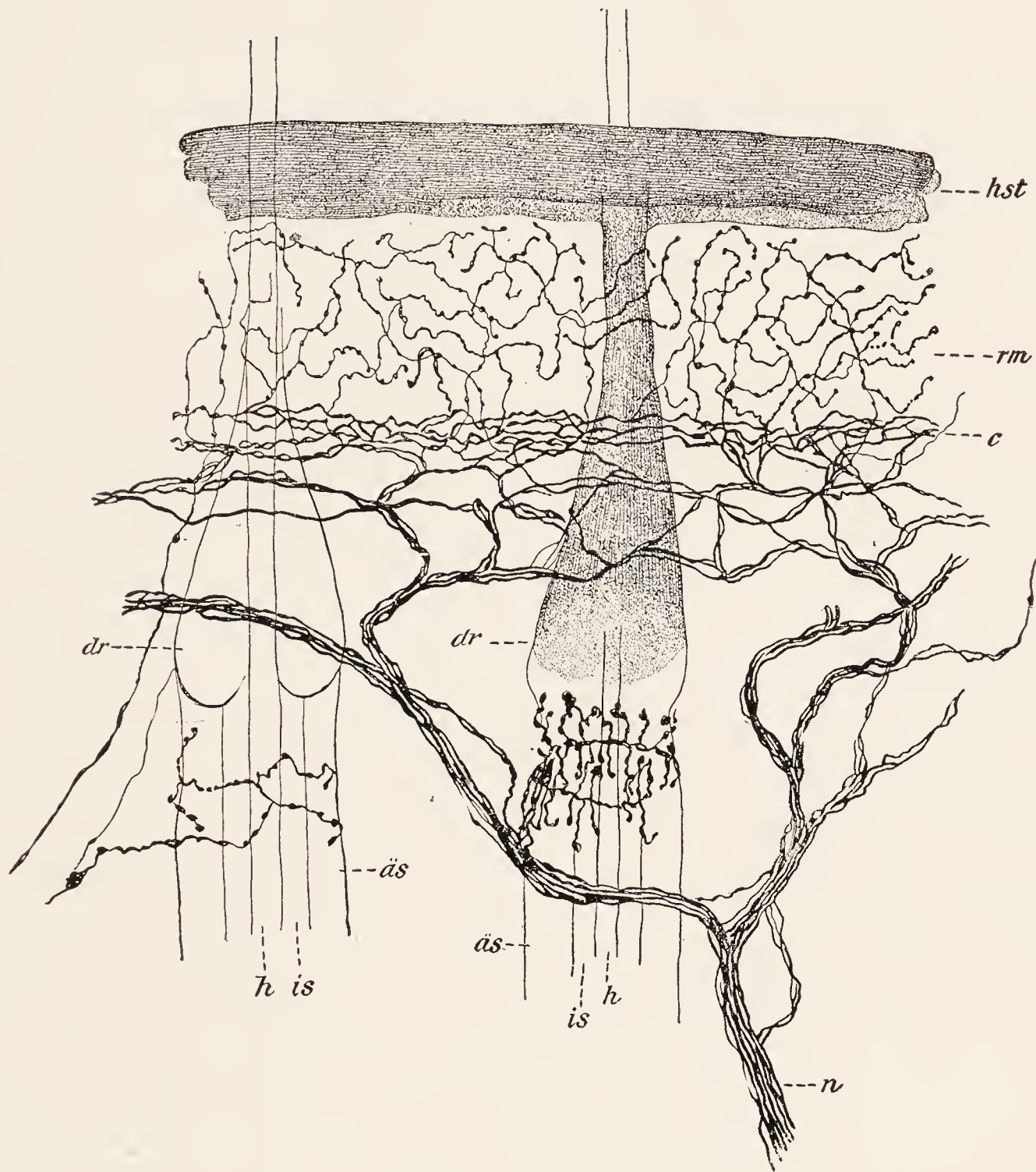


Fig. 51.—Nerves and nerve endings in the skin and hair-follicles: *hst*, Stratum corneum; *rm*, stratum germinativum Malpighii; *c*, most superficial nerve-fiber plexus in the cutis; *n*, cutaneous nerve; *is*, inner root sheath of hair; *as*, outer root sheath; *h*, the hair itself; *dr*, glandulæ sebaceæ. (Retzius, Barker.)

through which it passes from end to end, and terminates in a slight expansion. Side branches are also given off within the core.

**Nerve Endings in the Hair-follicles.**—It has long been known that the *hairs* are delicate *tactile organs*. The hair-clad parts lose much of their responsiveness to touch when the hair is removed. As would be expected on these grounds, the hair-follicles are richly supplied with nerve endings. Just below the opening of the sebaceous gland into the follicle myelinated nerve-fibers enter it, los-



ing their myelin sheaths as they enter. They give off horizontal branches, which encircle the root of the hair, and from these arise ascending branches (Fig. 51).



Fig. 52.—Neuromuscular nerve end-organ from a dog. The figure shows the intrafusal muscle-fibers, the nerve-fibers and their terminations, but not the capsule nor the sheath of Henle. Methylene-blue stain. (Huber and De Witt.)

Some of these are connected with leaf-like expansions, associated with cells resembling Merkel's touch-cells.

Some generalizations may now be made concerning the functions of the different types of sensory nerve endings found in or immediately beneath the

skin. Pain is almost certainly mediated by free nerve endings in the epithelium. The most important tactile receptors are the hair-follicles and Meissner's corpuscles. For most of the skin covering the body and extremities the hair-follicles are said to be the only end-organs serving this purpose, and each spot sensitive to touch is situated at the base of a hair. The hairless skin of the palmar surface of the hand and fingers is supplied with specialized tactile end-organs in the form of Meissner's corpuscles. In other places, such as the skin of the pig's snout and the human prepuce, unencapsulated plates and disks in contact with epithelial cells serve the same purpose. Firm contacts producing some deformation of the skin may stimulate Pacinian corpuscles giving rise to sensations of pressure. In certain regions at least, cold seems to be mediated by Krause's end-bulbs and there is some evidence that the corpuscles of Ruffini may be sensitive to warmth (Kadanoff, 1929; von Frey, 1925; Strughold and Karbe, 1925; Bazett, McGlone, Williams and Lufkin, 1932).

**Proprioceptive Fibers and Sensory Nerve Endings.**—To this group belong the afferent elements which receive and convey the impulses arising in the muscles, joints, and tendons. Changes in tension of muscles and tendons and movements of the joints are adequate stimuli for the receptors of this class and excite nerve impulses which, on reaching the central nervous system, give information concerning tension of the muscles and the relative position of the various parts of the body. For the most part, however, these impulses do not rise into consciousness, but serve for the subconscious control of muscular activity. The unsteady gait of a tabetic patient illustrates the lack of muscular control that results when these impulses are prevented from reaching the central nervous system.

The proprioceptive fibers are myelinated and are associated with motor fibers in the nerves to the muscles. Some follow along the muscles to reach the tendons. Three types of end-organs belong to this group, Pacinian corpuscles, muscle spindles, and neurotendinous end-organs. Many *Pacinian corpuscles* are found in the neighborhood of the joints. They have been described in a preceding paragraph.

**Neuromuscular End-organs.**—The afferent fibers to the muscles end on small, spindle-shaped bundles of specialized muscle-fibers (Fig. 52). These *muscle spindles* are invested by connective-tissue capsules; and within each of them one or more large myelinated nerve-fibers terminate. Within the spindle the myelin sheath is lost and the branches of the axis-cylinders wind spirally about the specialized muscle-fibers, or they may end in irregular disks. These muscle fibers receive also a somatic motor innervation (Hinsey, 1927). Where muscle spindles are few in number or entirely absent, as for example in the ocular muscles, the sensory fibers terminate in non-encapsulated endings upon the surface of ordinary muscle-fibers. Structures somewhat analogous to the muscle spindles are the *neurotendinous end-organs* or tendon spindles where myelinated nerve-fibers end in relation to specialized tendon fasciculi.



## CHAPTER VI

### THE SYMPATHETIC NERVOUS SYSTEM

THE sympathetic nervous system is an aggregation of ganglia, nerves, and plexuses, through which the viscera, glands, heart, and blood vessels, as well as

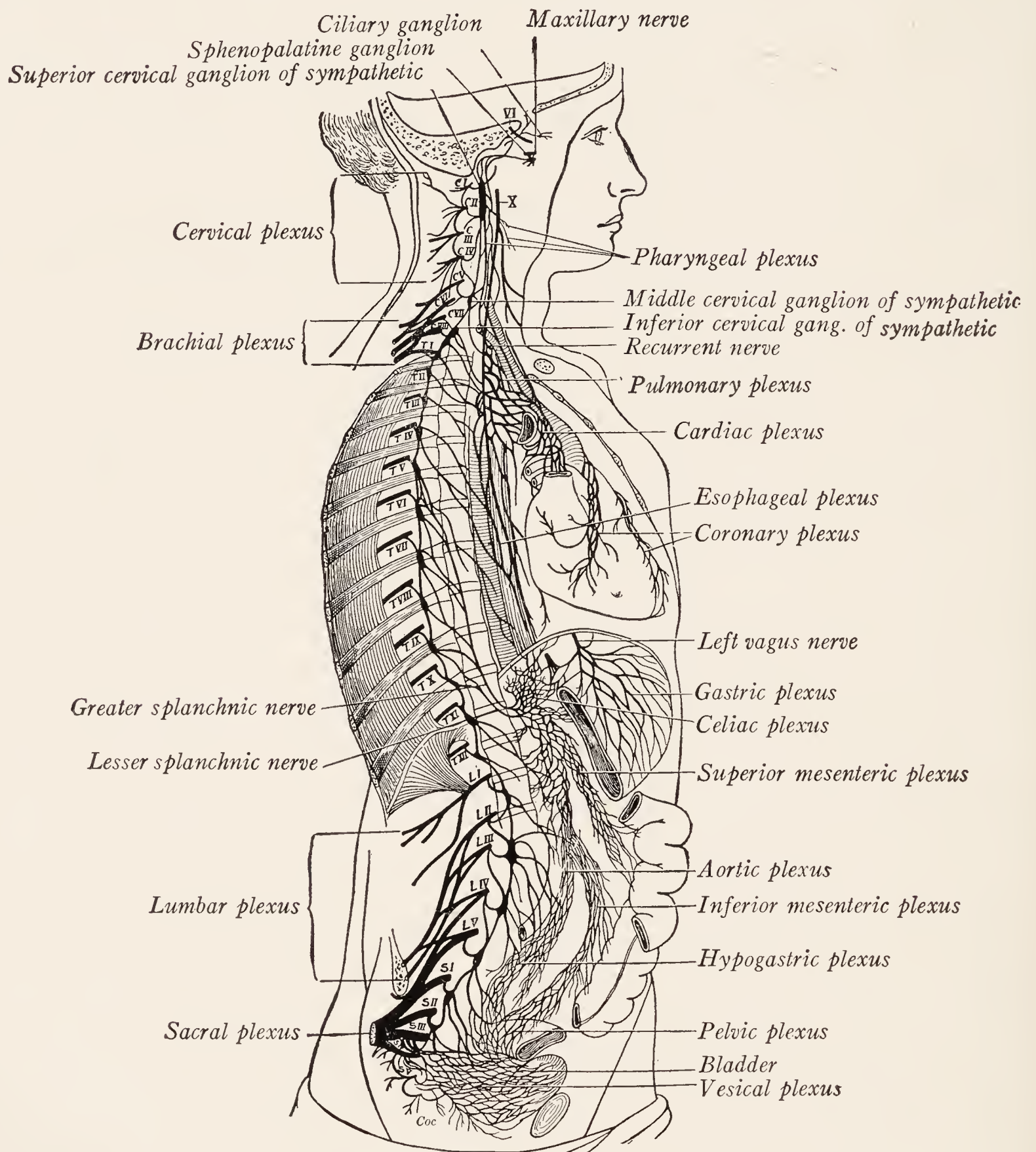


Fig. 53.—The sympathetic nervous system. (Schwalbe, Herrick.)

smooth muscle in other situations, receive their innervation. As illustrated in Fig. 53 it is widely distributed over the body, especially in the head and neck and

in the thoracic and abdominal cavities. It must not be too sharply delimited from the cerebrospinal nervous system, since it contains great numbers of fibers which run to and from the brain and spinal cord. For example, the vagus nerve contains many fibers which are distributed through the thoracic and abdominal sympathetic plexuses for the innervation of the viscera. In the same way the spinal nerves are connected by communicating branches or *rami communicantes* with the sympathetic trunks.

The *sympathetic trunks* are two nerve cords which extend vertically through the neck, thorax, and abdomen, one on each side of the vertebral column (Fig. 53). Each trunk is composed of a series of ganglia arranged in linear order and bound together by short nerve strands. Every spinal nerve is connected with the

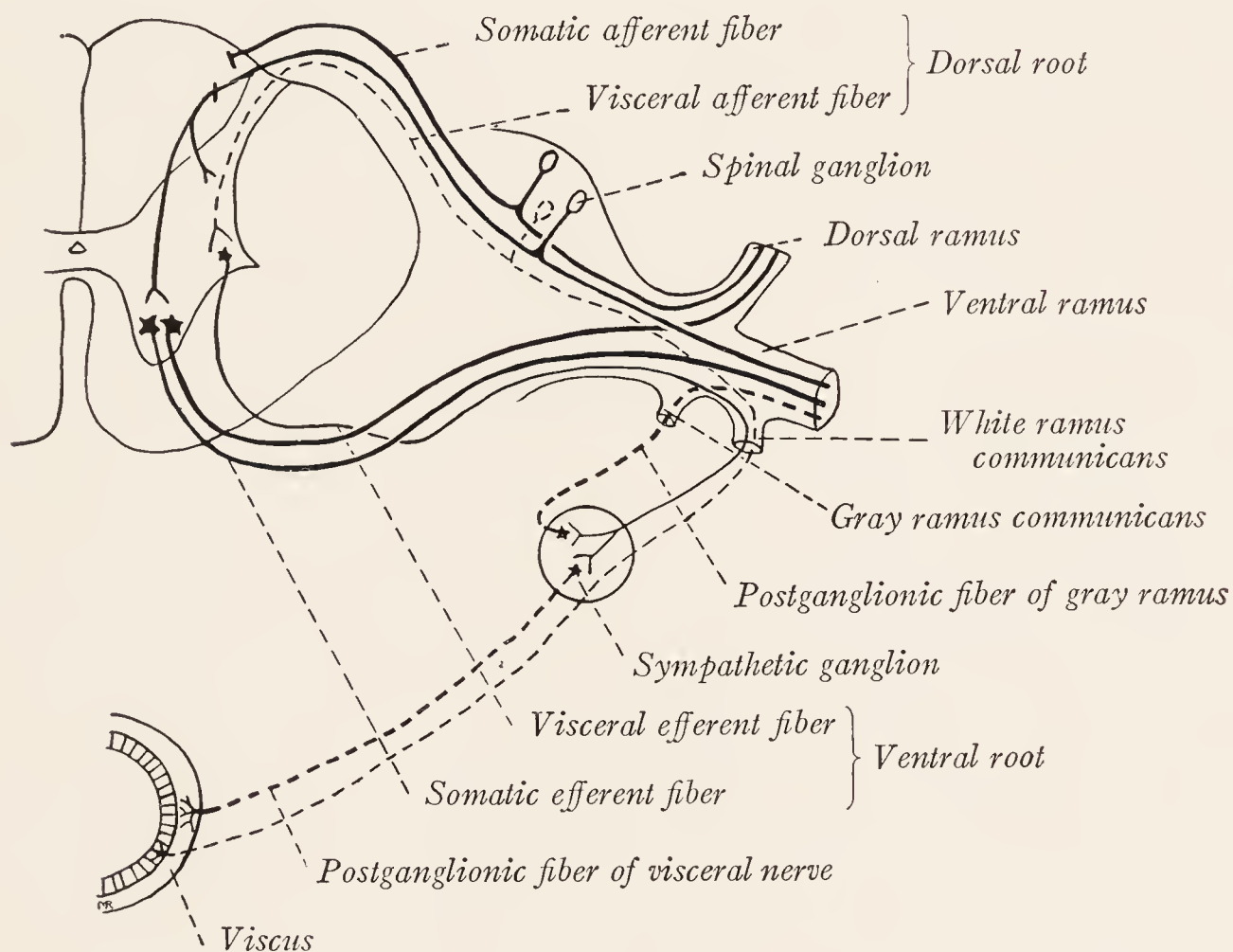


Fig. 54.—Diagrammatic section through a spinal nerve and the spinal cord in the thoracic region to illustrate the chief functional types of peripheral nerve-fibers.

sympathetic trunk of its own side by one or more *gray rami communicantes* through which it receives fibers from the sympathetic trunk. Fibers reach this trunk from the thoracic and upper lumbar nerves by way of the *white rami communicantes* (Fig. 58). The sympathetic trunk also gives off branches which enter into the formation of the nerve plexuses which are associated with the larger arteries. The largest of these plexuses is the celiac, which is associated with the upper portion of the abdominal aorta and its branches. In this plexus and located in close relation to the abdominal aorta are the celiac, mesenteric, and aorticorenal ganglia, all of which are in man grouped in a pair of large irregular masses designated as the *celiac ganglia* and placed one on either side of the celiac artery (Fig. 59).



**Visceral afferent fibers** are found in the ninth and tenth cranial nerves and in many of the spinal nerves, especially in those associated with the white rami (thoracic and upper lumbar nerves) and in the second, third, and fourth sacral nerves. These afferent fibers take origin from cells in the cerebrospinal ganglia (Fig. 54). From these ganglia the fibers run through the corresponding cerebrospinal nerves to the sympathetic nervous system, through which they pass without interruption in any of its ganglia to end in the viscera. These fibers are of all sizes, including large and small myelinated fibers and many which are unmyelinated (Chase and Ranson, 1914; Ranson and Billingsley, 1918).

The afferent impulses mediated by these fibers serve to initiate visceral reflexes, and for the most part remain at a subconscious level. Such general visceral sensations as we do experience are vague and poorly localized. Tactile sensibility is entirely lacking in the viscera and thermal sensibility almost so, although sensations of heat and cold may be experienced when very warm or cold substances enter the stomach or colon (Carlson and Braafladt, 1915). Pain cannot be produced by pinching or cutting the thoracic or abdominal viscera. Acute visceral pain may, however, be caused by disease, as in the passage of a stone along the ureter.

**Visceral Efferent Neurons.**—The visceral efferent fibers of the cerebrospinal nerves take origin from cells located within the cerebrospinal axis. They do not run without interruption to the structures which they innervate; instead, they always terminate in sympathetic ganglia, whence the impulses, which they carry, are relayed to their destination by neurons of a second order (Fig. 54). This important information we owe to Langley (1900 and 1903), who showed that the injection of proper doses of nicotine into rabbits prevents the passage of impulses through the sympathetic ganglia, although an undiminished reaction may be obtained by stimulation of the more peripheral sympathetic nerves. By a long series of experiments Langley has shown that there are always two and seldom, if ever, more than two neurons concerned in the conduction of an impulse from the central nervous system to smooth muscle or glandular tissue. The neurons of the first order in this series are designated as *preganglionic*, those of the second order as *postganglionic*, with reference to the relation which they bear to the ganglion containing their synapse.

*Preganglionic neurons* have their cell bodies located in the visceral efferent column of the cerebrospinal axis. The cells are smaller than those of the somatic motor column and contain less massive Nissl granules. From these cells arise the fine myelinated visceral efferent fibers which run through the cerebrospinal nerves to the sympathetic nervous system and terminate in the sympathetic ganglia (Fig. 54).

*Postganglionic neurons* have their cell bodies located in the sympathetic ganglia. In fact, these cells with their dendritic ramifications and the terminal branches of the preganglionic fibers synaptically related to them are the essential elements in the sympathetic ganglia. Their axons for the most part remain un-



myelinated and run as Remak's fibers through the sympathetic nerves and plexuses, to end in relation with involuntary muscle or glandular tissue. A very few postganglionic fibers acquire delicate myelin sheaths.

### THE SYMPATHETIC GANGLIA

The sympathetic ganglia may be grouped into three series as follows: (1) the ganglia of the sympathetic trunk, arranged in linear order along each side of the vertebral column and joined together by short nerve strands to form the two sympathetic trunks; (2) collateral ganglia, arranged about the aorta and includ-

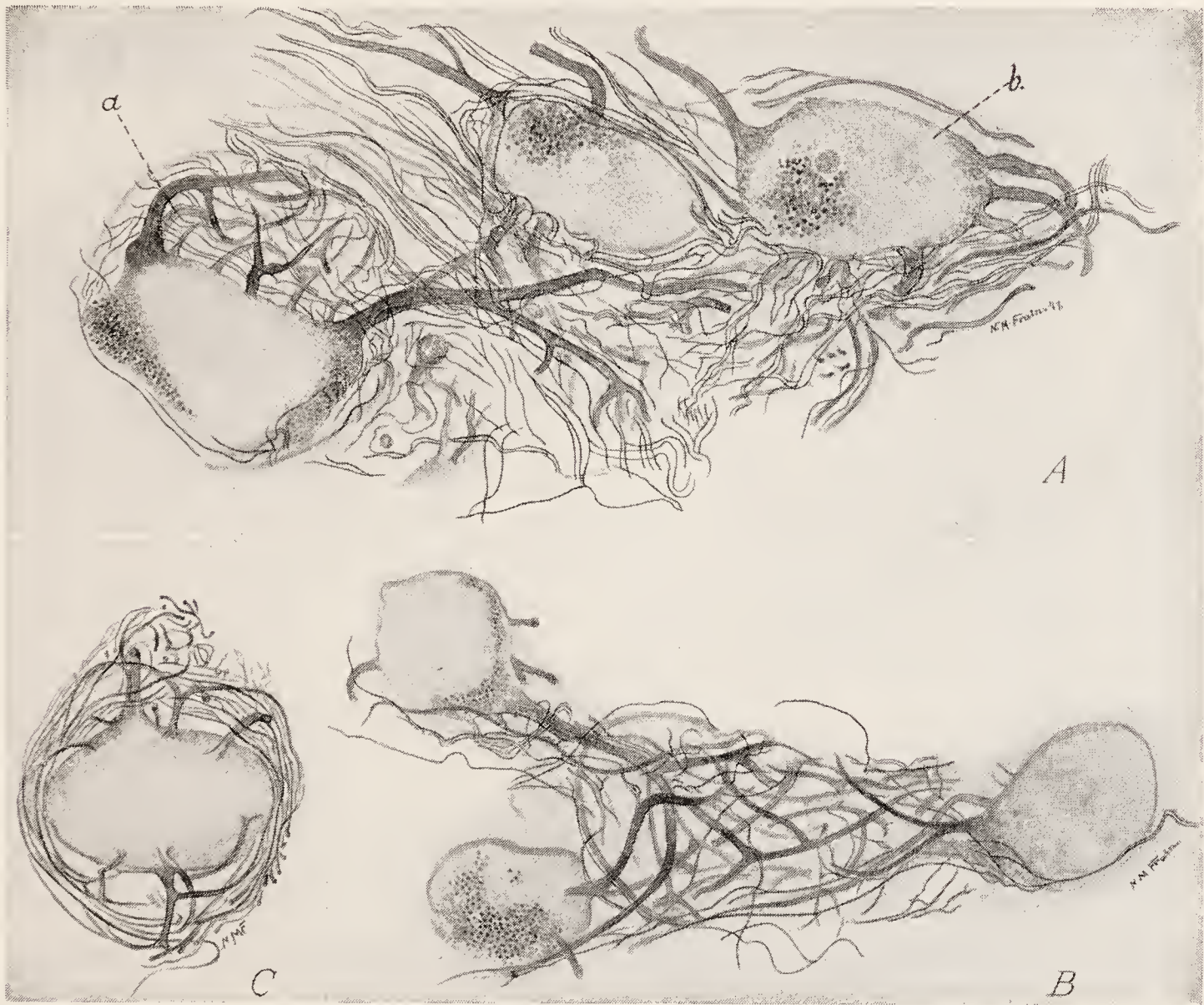


Fig. 55.—Neurons from the human superior cervical sympathetic ganglion (pyridine-silver method): *A*, Three nerve-cells and the intercellular plexus: *a*, unicellular glomerulus; *b*, neuron with extracapsular dendrites. *B*, Tricellular glomerulus. *C*, Neuron surrounded by subcapsular dendrites.

ing the celiac and mesenteric ganglia; and (3) terminal ganglia, located close to or within the structures which they innervate. As examples of the latter group there may be mentioned the ciliary and cardiac ganglia and the small groups of nerve-cells in the myenteric and submucous plexuses (Fig. 59).

The **nerve-cells of the sympathetic ganglia** are almost all multipolar, but there are also a few that are unipolar or bipolar. Each cell is surrounded by a nucleated membranous capsule. Some of the dendrites ramify beneath this capsule and are designated as intracapsular. Others pierce the capsule, run long distances through the ganglia, and are known as extracapsular dendrites.



**Intracapsular dendrites** are numerous in the sympathetic ganglia of man, but rare in those of mammals (Cajal, 1911; Ranson and Billingsley, 1918; de Castro, 1932). Beneath the capsule these dendrites may form an open network more or less uniformly distributed around the cell (Fig. 55, C), or they may be grouped on one side of the cell, causing a localized bulging in the capsule (Fig. 55, A, a). Such a localized mass of subcapsular dendrites with interlacing branches is known as a *glomerulus*. Following Cajal's classification we may distinguish four types of glomeruli according to the number of neurons whose dendrites enter into their formation, namely: unicellular (Fig. 55, A, a), bicellular, tricellular (Fig. 55, B),

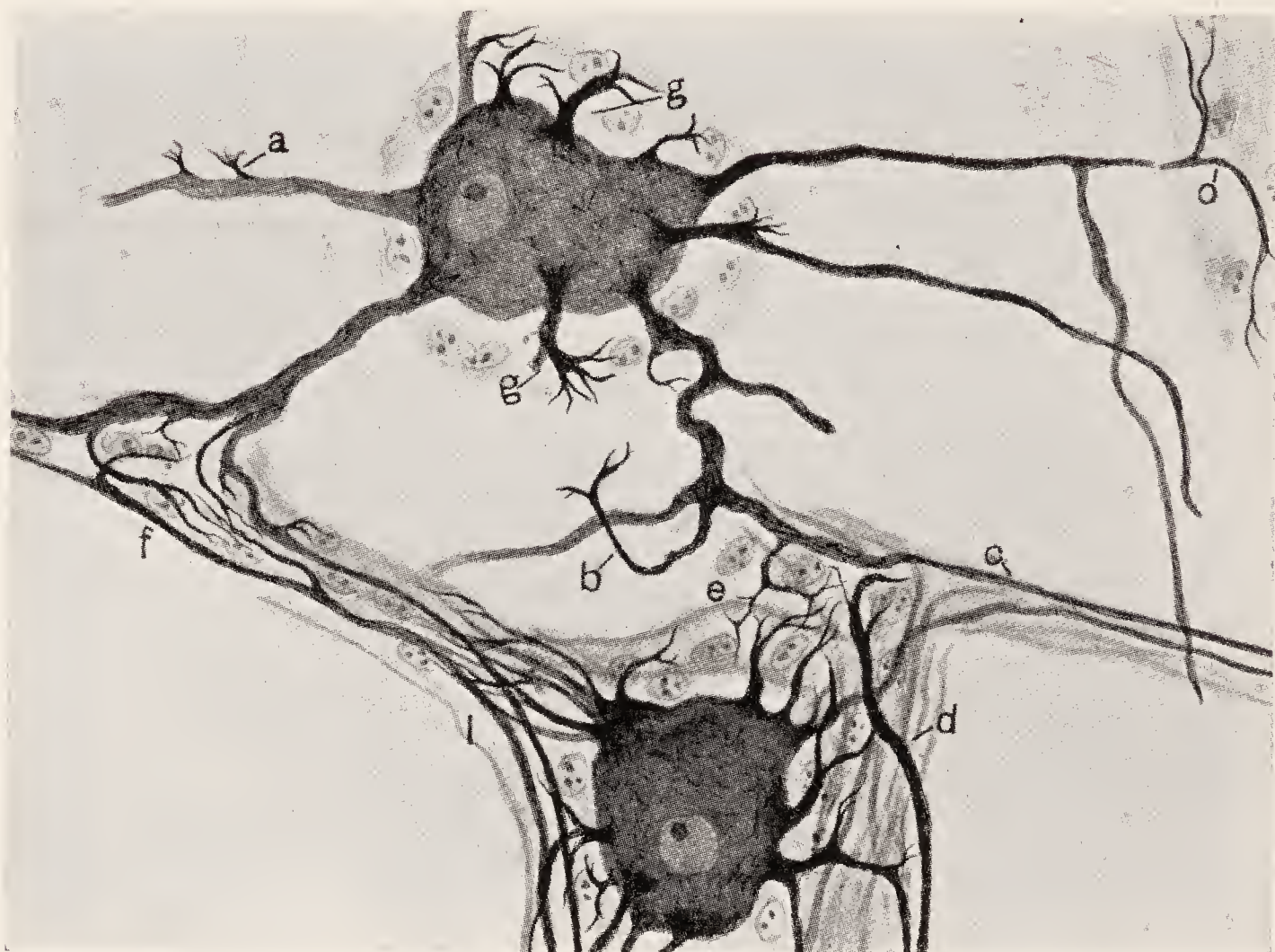


Fig. 56.—Cells from human stellate ganglion: a, b, d, e, f, g, l, o, Dendrites: c, axon; d, l, dendrites grouped in a protoplasmic tract. (De Castro in Penfield's Cytology and Cellular Pathology of the Nervous System, Paul B. Hoeber, Inc.)

and multicellular glomeruli. Short intracapsular dendrites with swollen ends are sometimes present in the sympathetic ganglia of mammals.

**Extracapsular dendrites** pierce the capsule, run for longer or shorter distances among the cells, and help to form an intercellular plexus of dendritic and axonic ramifications (Fig. 55, A). Such dendrites from two or more cells may be associated in a common bundle, called a protoplasmic tract by de Castro (1932), within which they give off branches and synapse with preganglionic fibers (Fig. 56).

Dogiel (1896) thought that the cells possessing the longest dendrites were sensory, but Cajal (1911) could find no evidence for this, and was unable to trace any of them from the ganglia and associated nerves to the viscera. Carpenter and Conel (1914), using the



size and arrangement of the Nissl granules as a criterion, were able to find only one cell type in the sympathetic ganglia, and concluded that these ganglia do not contain sensory nerve-cells.

The **axons of sympathetic ganglion cells** are usually unmyelinated, but a few of them acquire thin myelin sheaths. They are the postganglionic fibers which relay the visceral efferent impulses to the innervated tissue. Much thicker than the pre-ganglionic fibers, they can only with difficulty be differentiated from long extra-capsular dendrites. The axons seldom arise directly from the cell body, but



Fig. 57.—Neurons and intercellular plexus from the superior cervical sympathetic ganglion of a dog (pyridine-silver method).

rather from the side of a dendrite. They usually give off no collaterals (de Castro, 1932). After running for varying distances through the ganglion, they make their exit by one of its branches. If they arise in one of the chain ganglia they may leave it by joining a gray ramus, or a branch to a blood vessel or they may run for some distance in the sympathetic trunk passing other ganglia before making their exit.

There is no anatomic evidence worth mentioning in favor of the existence of association neurons, uniting one sympathetic ganglion with another or one group of cells with another within such a ganglion. But there is strong physiologic evidence against the existence of



such association neurons (Langley, 1900 and 1904); and Johnson (1918) has shown that none are present in the sympathetic trunk of the frog.

**Termination of the Preganglionic Fibers.**—It is well established that one preganglionic fiber may be synaptically related to several postganglionic neurons, in some cases to as many as a dozen or more (Wolf, 1941). The spaces among the cells of a sympathetic ganglion are occupied by a rich *intercellular plexus* of dendritic branches and fine axons (Figs. 55, A; 57). These axons represent the ramifications of preganglionic fibers and they degenerate when the connection between the ganglion and the central nervous system is severed (Ranson and Billingsley, 1918). They may be distinguished from the dendrites by their fineness and in pyridine-silver preparations also by their darker staining. Some of these fibers pierce the capsules surrounding the cells and form pericellular plexuses intertwining with the intracapsular dendrites. Others mingle with the dendrites in the protoplasmic tracts. Synaptic connections are established in the intercellular and pericellular plexuses and in the protoplasmic tracts. Occasionally fibers are seen ending in ring-like boutons on the surface of the cells (Gibson, 1940).

**Visceral Reflexes.**—The purely local reactions, which occur in the gut wall after section of all of the nerves leading to the gastrointestinal tract, are known as *myenteric reflexes* and depend upon a mechanism entirely contained within the enteric wall. With this exception the evidence strongly indicates that all visceral reflex arcs pass through the cerebrospinal axis. It seems certain that no reflexes occur in the ganglia of the sympathetic chain (Bolton, Williams and Carmichael, 1937; Hare, 1941); but the possibility cannot be excluded that the collateral ganglia may serve as reflex centers, controlling to some extent the viscera which they supply (Kuntz, 1940). The visceral reflex arc represented in Fig. 54 is an oversimplification, since in most cases the impulses travel up the cord to the bulbar sympathetic center and back down the cord again.

### SYMPATHETIC NERVES AND PLEXUSES

Some of the sympathetic nerves are as well myelinated as the cerebrospinal nerves and present a white glistening appearance. This is true, for example, of the cervical portion of the sympathetic trunk, the white rami, and the splanchnic nerves. Such white sympathetic nerves are composed, at least in large part, of fibers running to and from the central nervous system. Other nerves like the gray rami and branches to the blood vessels are gray, because they are composed chiefly of unmyelinated postganglionic fibers. In preceding paragraphs we have shown that there are probably no association or sensory neurons in the sympathetic ganglia; and, if this be true, there are no axons, arising from such cells, in the sympathetic nerve-trunks and plexuses. These nerves and plexuses are composed of the following three kinds of fibers (Fig. 58): (1) Preganglionic visceral efferent fibers, which are of small size and myelinated, have their cells of origin in the

cerebrospinal axis, and terminate in the sympathetic ganglia. (2) Postganglionic fibers, which are for the most part unmyelinated, have their cells of origin in the sympathetic ganglia and terminate in involuntary muscle or glandular tissue. (3) Visceral afferent fibers, which include myelinated fibers of all sizes as well as many that are unmyelinated, have their cells of origin in the cerebrospinal ganglia and terminate in the viscera.

The **sympathetic trunks** are two ganglionated cords, each of which consists of a series of more or less segmentally arranged ganglia, bound together by ascending and descending nerve fibers and extending from the level of the second cervical vertebra to the coccyx (Figs. 53, 59). The two trunks are symmetrically placed

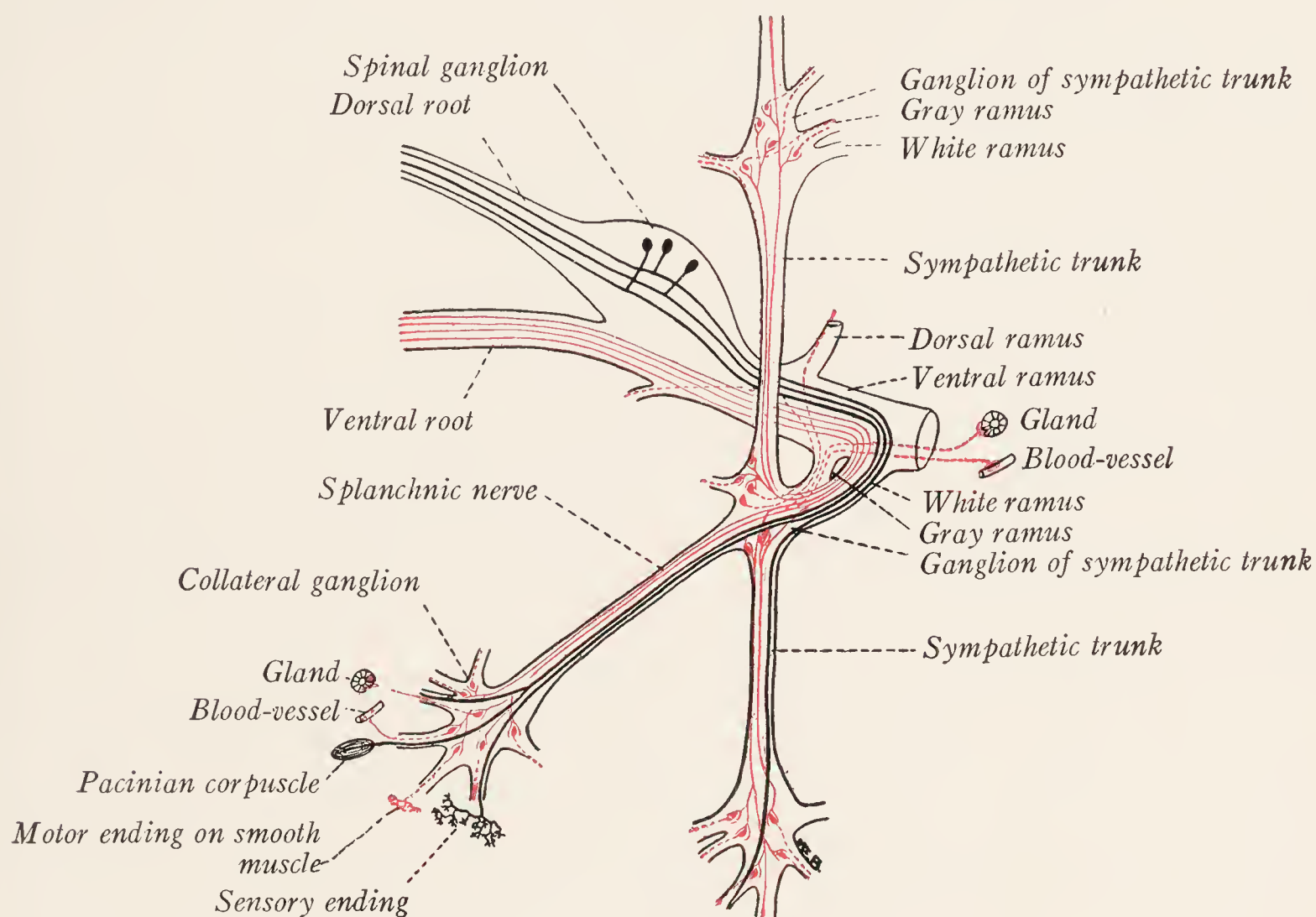


Fig. 58.—Diagram showing the composition of sympathetic nerves. Black lines, visceral afferent fibers; unbroken red lines, preganglionic visceral efferent fibers; dotted red lines, postganglionic visceral efferent fibers.

along the anterolateral aspects of the bodies of the vertebræ. There are 21 or 22 ganglia in each chain; and of these, 3 are associated with the cervical spinal nerves, 10 or 11 with the thoracic, 4 with the lumbar, and 4 with the sacral spinal nerves. Every spinal nerve is connected with the sympathetic trunk of its own side by one or more delicate nerve strands, called *rami communicantes* (Figs. 53, 59). To each spinal nerve there runs a *gray ramus* from the sympathetic trunk. The *white rami*, on the other hand, are more limited in distribution and unite the thoracic and upper four lumbar nerves with the corresponding portion of the sympathetic trunk. Each sympathetic trunk gives off branches to blood vessels and viscera. These branches enter into the formation of plexuses, most of which





The white rami consist of visceral afferent and preganglionic visceral efferent fibers directed from the central into the sympathetic nervous system. They con-

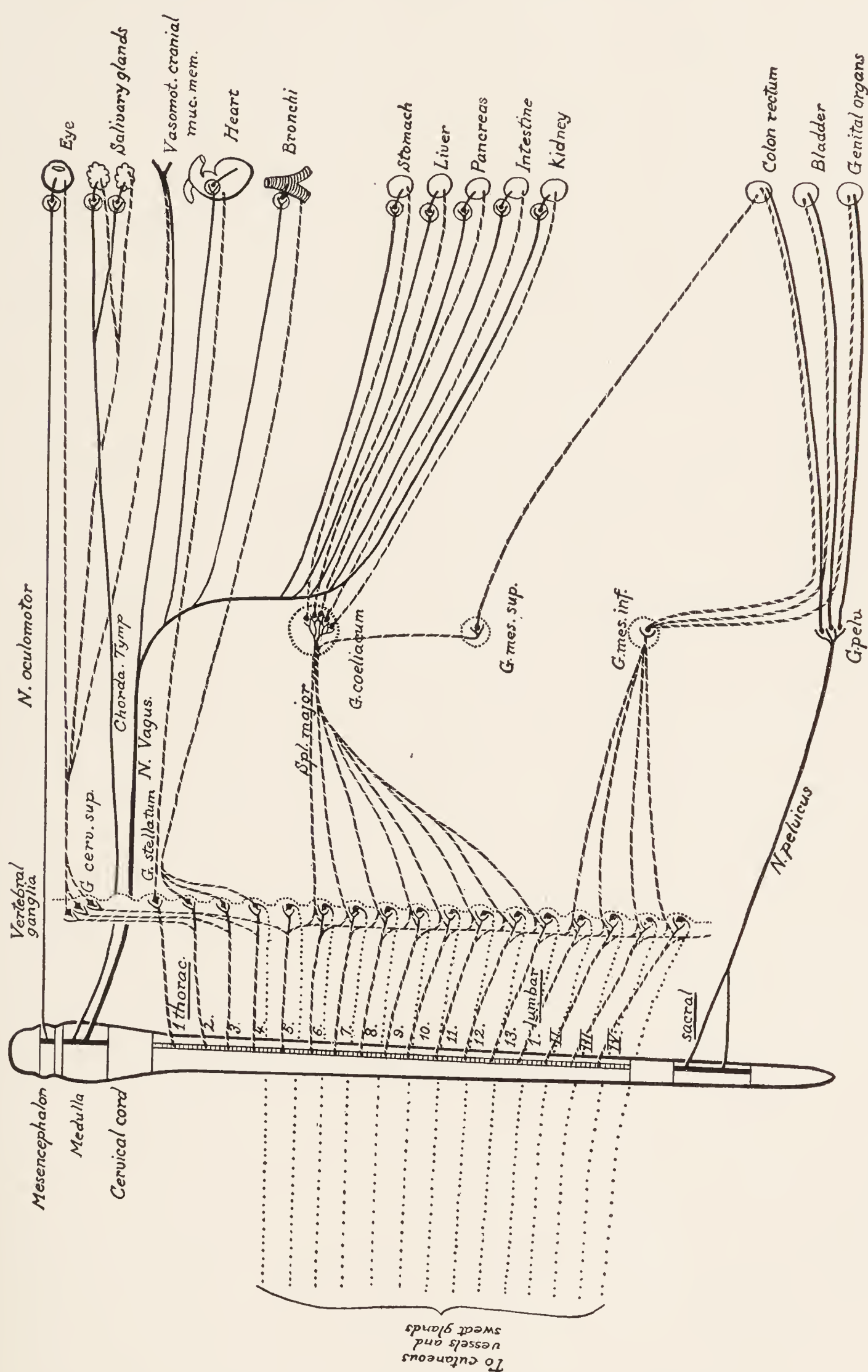


Fig. 60.—Diagram of the autonomic nervous system: Solid black, the craniosacral subdivision of the autonomic system; dash and stipple, the thoracolumbar subdivision. (Modified from Meyer and Gottlieb.)

tribute the great majority of the ascending and descending fibers of the sympathetic trunk (Fig. 58). While some of the fibers may terminate in the ganglion



with which the white ramus is associated, and others run directly through the trunk into the splanchnic nerves, the majority of the fibers turn either upward or downward in the trunk and run for considerable distances within it (Fig. 60). The fibers from the upper white rami run upward, those from the lower white rami downward, while those from the intermediate rami may run either upward or downward. The cervical portion of the sympathetic trunk consists almost exclusively of ascending fibers, the lumbar and sacral portions of the trunk largely of descending fibers from the white rami. The *afferent fibers* of the white rami merely pass through the trunk and its branches to the viscera. The *preganglionic fibers*, with the exception of those which run out through the splanchnic nerves, end in the ganglia of the trunk. Here they enter into synaptic relations with the postganglionic neurons. The majority of the postganglionic neurons, located in the ganglia of the sympathetic trunk, send their axons into the *gray rami* (Figs. 58, 60).

The **gray rami** are composed of postganglionic fibers directed from the sympathetic trunk into the spinal nerves. These unmyelinated fibers, after joining the spinal nerves, are distributed with them as vasomotor, secretory, and pilomotor fibers to the blood vessels, the sweat glands, and the smooth muscle of the hair-follicles. None go to skeletal muscle (Hinsey, 1927; Wilkinson, 1929).

The **cervical portion of the sympathetic trunk** consists of three ganglia bound together by ascending preganglionic fibers from the white rami. The *superior cervical ganglion* is the largest of the three ganglia and from it there are given off numerous gray nerve strands. These are all composed of postganglionic fibers which arise in this ganglion. They run to the neighboring cranial and spinal nerves, to which they carry vasomotor, pilomotor, and secretory fibers, and to the heart, pharynx, and the internal and external carotid arteries (Figs. 53, 59, 60). The most important of these branches of the superior cervical ganglion are the three following: (1) The superior cervical cardiac nerve, which runs from the superior cervical ganglion to the cardiac plexus, carries fibers to the heart. (2) The internal carotid nerve runs vertically from the ganglion to the internal carotid artery, about which its fibers form a plexus, known as the internal carotid plexus (Fig. 59). It is by way of this nerve and plexus that the pupillary dilator fibers reach the eye (Fig. 266). (3) The branch of the superior cervical ganglion to the external carotid artery breaks up into a plexus on that artery. Continuations of this plexus extend along the branches of that artery to the parotid, sublingual, and submaxillary salivary glands (Fig. 61).

The middle and inferior cervical sympathetic ganglia are smaller. Among the branches from these ganglia we may mention the gray rami to the adjacent spinal nerves and the middle and inferior cardiac nerves to the cardiac plexus (Figs. 53, 59).

The **thoracic portion of the sympathetic trunk** is connected with the thoracic nerves by the gray and white rami. In addition to the rami communicantes and some small branches to the aortic and pulmonary plexuses, there are three im-



portant branches of the thoracic portion of the sympathetic trunk known as the splanchnic nerves. These run through the diaphragm for the innervation of abdominal viscera (Figs. 53, 59). The *greater splanchnic nerve* is usually formed by branches from the fifth to the ninth thoracic sympathetic ganglia and after piercing the diaphragm joins the celiac ganglion. The *smaller splanchnic nerve* is usually formed by branches from the ninth and tenth thoracic sympathetic ganglia and terminates in the celiac plexus. The *lowermost splanchnic nerve* arises from the last thoracic sympathetic ganglion and terminates in the renal plexus. These splanchnic nerves, although they appear to be branches of the thoracic sympathetic trunk, are at least in major part composed of fibers from the white rami, which merely pass through the trunk on their way to the ganglia of the celiac plexus (Figs. 58, 60; Langley, 1900; Ranson and Billingsley, 1918).

**The Sympathetic Plexuses of the Thorax.**—In close association with the vagus nerve in the thorax are three important sympathetic plexuses. The *cardiac plexus* lies in close relation to the arch of the aorta, and from it subordinate plexuses are continued along the coronary arteries. It receives the three cardiac sympathetic nerves from the cervical portion of each sympathetic trunk, as well as branches from both vagus nerves (Figs. 53, 59). The preganglionic fibers of the vagus terminate in synaptic relation with the cells of the cardiac ganglia. They convey inhibitory impulses which are relayed through these ganglia to the cardiac musculature (Fig. 60). The cardiac sympathetic nerves contain postganglionic fibers which take origin in the cervical sympathetic ganglia; and they relay accelerator impulses, coming from the spinal cord by way of the upper white rami and sympathetic trunk, to the heart (Fig. 60). The *pulmonary* and *esophageal plexuses* of the vagus are also to be regarded as parts of the sympathetic system (Fig. 59).

The **celiac plexus** (solar plexus) is located in the abdomen in close relation to the celiac artery (Figs. 53, 59). It is continuous with the plexus which surrounds the aorta. Subordinate portions of the celiac plexus accompany the branches of the celiac artery and the branches from the upper part of the abdominal aorta. These are designated as the phrenic, suprarenal, renal, spermatic or ovarian, abdominal aortic, superior gastric, inferior gastric, hepatic, splenic, superior mesenteric, and inferior mesenteric plexuses. The celiac plexus contains a number of ganglia which in man are grouped into two large flat masses, placed one on either side of the celiac artery and known as the celiac ganglia. These ganglia are bound together by strands which cross the median plane above and below this artery. Somewhat detached portions of the celiac ganglion, which lie near the origin of the renal and superior mesenteric arteries, are known respectively as the aorticorenal and superior mesenteric ganglia. In addition, there is a small mass of nerve-cells in the inferior mesenteric plexus close to the beginning of the inferior mesenteric artery. This is known as the *inferior mesenteric ganglion*.

Preganglionic fibers reach the celiac plexus from two sources: namely, from the *white rami* by way of the sympathetic trunk and *splanchnic nerves* and from the *vagus nerve* (Fig. 59). Most if not all of the preganglionic fibers contained in



the splanchnic nerves terminate in the ganglia of the celiac plexus. At the lower end of the esophageal plexus the fibers from the right vagus nerve become assembled into a trunk which passes to the posterior surface of the stomach and the celiac plexus. The fibers of the left vagus pass to the anterior surface of the stomach and to the hepatic plexus (Fig. 59). It is probable that the preganglionic fibers of the vagus do not terminate in the ganglia of the celiac plexus, but merely pass through that plexus to end in the terminal ganglia, such as the small groups of nerve cells in the myenteric and submucous plexuses of the intestine (Fig. 60).

The *myenteric plexus* (of Auerbach) and the *submucous plexus* (of Meissner), located within the walls of the stomach and intestines, receive filaments from the gastric and mesenteric divisions of the celiac plexus. They also receive fibers from the vagus either directly, as in the case of the stomach, or indirectly through the celiac plexus (Fig. 59). Unfortunately, very little is known concerning the synaptic relations established in the ganglia of these plexuses. According to Langley, the postganglionic fibers from the celiac ganglia run through these plexuses without interruption and end in the muscular coats and glands of the gastro-intestinal tract. The preganglionic fibers from the vagus probably end in synaptic relation to cells in these small ganglia; and the axons of these cells serve as postganglionic fibers, relaying the impulses from the vagus to the glands and muscular tissue. As was indicated in a preceding paragraph, the enteric plexuses must also contain a mechanism for purely local reactions, since peristalsis can be set up by distention in an excised portion of the gut. But as yet we are entirely ignorant as to what that mechanism may be.

The **hypogastric plexus** is formed by strands which run into the pelvis from the lower end of the aortic plexus and are joined by the visceral branches of the second, third, and fourth sacral nerves and by branches from the sympathetic trunk (Figs. 53, 59). As the hypogastric plexus enters the pelvis it splits into two parts, which lie on either side of the rectum and are sometimes called the pelvic plexuses. From these plexuses branches are supplied to the pelvic viscera and the external genitalia.

**The Cephalic Ganglionated Plexus.**—In close topographic relation to the branches of the fifth cranial nerve are four sympathetic ganglia, known as the ciliary, sphenopalatine, otic, and submaxillary ganglia. Each of these is connected with the superior cervical sympathetic ganglion by filaments derived from the plexuses on the internal and external carotid arteries and their branches (Fig. 59). These filaments are designated in descriptive anatomy as the sympathetic roots of the ganglia. Each ganglion receives preganglionic fibers from one of the cranial nerves by way of what is usually designated as its motor root (Fig. 59). Thus the ciliary ganglion receives fibers from the oculomotor nerve; the sphenopalatine ganglion receives fibers from the facial nerve by way of the great superficial petrosal nerve and the nerve of the pterygoid canal; the otic ganglion receives fibers from the glossopharyngeal nerve (Müller and Dahl, 1910); and the submaxillary ganglion receives fibers from the facial nerve by way of the



nervus intermedius and the lingual nerve. Postganglionic fibers arising in these ganglia are distributed to the structures of the head. From the ciliary ganglion fibers go to the intrinsic musculature of the eye. Some of the fibers arising in the sphenopalatine ganglion go to the blood vessels in the mucous membrane of the nose. Fibers from the otic ganglion reach the parotid gland. And those arising in the submaxillary ganglion end in the submaxillary and sublingual salivary glands (Fig. 60).

**The Autonomic Nervous System.**—For many reasons it is convenient to have a name which will designate the sum total of all general visceral efferent neurons, both preganglionic and postganglionic, whether associated with the cerebral or spinal nerves. For this purpose the term “autonomic nervous system” is in general use. It designates that *functional* division of the nervous system which supplies the glands, heart, and smooth musculature with their *efferent* innervation (Fig. 60). It is important to bear in mind that this is a functional and not an anatomic division of the nervous system, that it includes only efferent elements, and that the preganglionic neurons lie in part within the cerebrospinal nervous system. The terminal portions of the preganglionic fibers and the postganglionic neurons are located in the sympathetic system.

Three streams of preganglionic fibers leave the cerebrospinal axis (Fig. 60). The *cranial stream* includes the general visceral efferent fibers of the oculomotor, facial, glossopharyngeal, vagus, and accessory nerves. These fibers end in the terminal ganglia, already mentioned, which are located close to or within the organ which they innervate. In the cervical nerves there are no visceral efferent fibers, the cranial stream being separated from the next by a rather wide gap. The *thoracolumbar stream* includes the fibers which arise from the cells of the intermediolateral column of the spinal cord and make their exit through the thoracic and first four lumbar nerves (Langley, 1892; Müller, 1909). After leaving the spinal nerves by way of the white rami they enter the sympathetic nervous system and terminate in the ganglia of the sympathetic trunk or in the celiac and associated collateral ganglia (Fig. 60). The *sacral stream* includes the visceral efferent fibers of the second, third, and fourth sacral nerves. These arise from cells in the lateral column of gray matter in the sacral portion of the spinal cord and run through the visceral branch of the third sacral and a similar branch from either the second or fourth sacral nerves. These fibers end in the ganglia of the pelvic sympathetic plexuses.

According to the origin of the preganglionic fibers, we may recognize the following three subdivisions of the autonomic system: (1) the *cranial autonomic system*, whose preganglionic fibers make their exit by way of the third, seventh, ninth, tenth, and eleventh cranial nerves; (2) the *thoracolumbar autonomic system*, whose preganglionic fibers make their exit by way of the thoracic and upper lumbar spinal nerves; and (3) the *sacral autonomic system*, whose preganglionic fibers run in the visceral rami of the second, third, and fourth sacral nerves (Fig. 60).



The fibers of the thoracolumbar stream run by way of the white rami to the sympathetic trunk, while the fibers of the cranial and sacral streams make no connection with that trunk, but run directly to the sympathetic plexuses. And while the thoracolumbar preganglionic fibers terminate in the ganglia of the trunk or in the collateral ganglia, those of cranial and sacral origin end in the terminal ganglia. In these two respects the cranial and sacral streams agree with each other and differ from the thoracolumbar outflow. Also in their response to certain drugs, like atropine and adrenalin, the two former agree with each other and differ from the latter. It is, therefore, desirable to group the cranial and sacral systems together as the *craniosacral autonomic system*. This has also been called the *parasympathetic system*. It stands in contrast to the *thoracolumbar autonomic system* to which physiologists have unfortunately applied the name *sympathetic system* (Fig. 60). The importance of recognizing these two principal subdivisions is further emphasized by the fact that most of the structures innervated by the autonomic system receive a double nerve supply getting fibers from both subdivisions. The thoracolumbar fibers are accompanied in most peripheral plexuses by craniosacral fibers of opposite function so that the analysis of these plexuses is greatly facilitated by subdividing the autonomic system in this way.

The student who is studying neurology for the first time will do well to postpone the reading of the remainder of this chapter until after studying the cranial nerves and the hypothalamus.

### INNERVATION OF THE VISCERA

In most of the preceding pages we have used the term "sympathetic nervous system" in its original sense to designate the aggregation of ganglia, nerves, and plexuses schematically illustrated in Fig. 59. This system serves for the distribution of all types of fibers going to the viscera, including sensory and parasympathetic elements. It is necessary that the student accustom himself also to the different use of the term sympathetic by physiologists, who designate by it the thoracolumbar autonomic system and its constituent elements. In the following pages the term will be used in this latter sense.

Postganglionic sympathetic (thoracolumbar autonomic) fibers are widely distributed through the body. Under this heading are included vasoconstrictor fibers to the blood vessels, secretory fibers to the sweat glands, pilomotor fibers to the hair follicles, dilator fibers to the iris, dilator fibers to the bronchioles, accelerator fibers to the heart, inhibitory fibers to the gastro-intestinal musculature, constrictor fibers to the spleen, and inhibitory fibers to the bladder.

The medulla of the adrenal gland receives preganglionic fibers from the splanchnic nerve and secretes adrenalin, which is carried by the blood stream to all parts of the body and activates the structures enumerated above. Embryologically the adrenal medulla develops from the same material as the sympathetic ganglia and, like the postganglionic neurons whose cells lie in these ganglia, it



transmits sympathetic activation, but this hormonal activation is diffuse and spreads to all the sympathetically innervated structures in the body. Moreover, it is characteristic of the sympathetic system itself that it tends to function as a unit. A familiar example is the wide-spread sympathetic activity manifested during emotional excitement—dilation of the pupils, erection of hair, rapid beating of the heart, etc. The simultaneous activation of widely separated parts of the system is brought about by discharges of impulses from special centers in the medulla oblongata and the hypothalamus. Stimulation of the dorsolateral part of the reticular formation in the upper part of the medulla oblongata causes a generalized activation of sympathetic effectors (Chen, Lim, Wang and Yi, 1937; Wang and Ranson, 1939). Most reflex responses are mediated through this medullary center. The sympathetic components of emotional expression are initiated in the hypothalamic center. There is a descending path in the ventral part of the lateral funiculus of the cord from these centers to the intermediolateral cell column (Wang and Ranson, 1939).

There is no similar unified control of the parasympathetic (craniosacral autonomic) system and the several parts of this system function independently. The parasympathetic system includes fibers from widely separated sources. The oculomotor nerve supplies motor fibers for the ciliary muscle and the sphincter of the iris. The facial and glossopharyngeal nerves supply secretory and vasodilator fibers for the salivary glands and the mucous membrane of the mouth and pharynx. The vagi contain inhibitory fibers for the heart, constrictor fibers for the bronchioles, and motor and secretory fibers for the stomach and intestines. The visceral branches of the sacral nerves supply motor fibers to the colon, rectum, and bladder.

Since all sympathetic (thoracolumbar autonomic) preganglionic fibers arise from cells in the intermediolateral column of the cord and run through the thoracic and upper lumbar ventral roots and white rami communicantes to the sympathetic chain it will not be necessary in the summary which follows to repeat these details for each innervated organ.

The **eye** receives its *parasympathetic* innervation by way of preganglionic fibers which run through the third cranial nerve to end in the ciliary ganglion. It is generally said that these fibers arise from the cells of the Edinger-Westphal nucleus but this is not certain and it may be that they come from some other cell group in that neighborhood (Benjamin, 1939; White and Smithwick, 1941). Postganglionic fibers arising from cells in the ciliary ganglion run through the short ciliary nerves to the ciliary muscle and the sphincter of the iris (Fig. 61). Impulses traveling this path bring about accommodation for near vision and constriction of the pupils. Inhibition of the tonic activity of the Edinger-Westphal nucleus can also cause dilatation of the pupils. In the cat this is the most important factor in pupillodilatation (Ury and Gellhorn, 1939). Preganglionic *sympathetic* fibers from the white rami of the upper thoracic nerves ascend in the cervical sympathetic trunk to end in the superior cervical ganglion. Postganglionic



fibers arising in this ganglion run through the internal carotid nerve and the plexus on the internal carotid artery and then through the ophthalmic division of the fifth nerve, its nasociliary branch and the ciliary nerves to the radial bundles of the iris. Some of the fibers pass through the ciliary ganglion but are not interrupted there. Impulses traveling this path cause dilatation of the pupil.

The **submaxillary and sublingual salivary glands** receive their *parasympathetic* innervation through preganglionic fibers which arise in the salivatory nucleus and run through the nervus intermedius, facial nerve, chorda tympani, and lingual nerve to end in the submaxillary ganglion (for the sublingual gland)

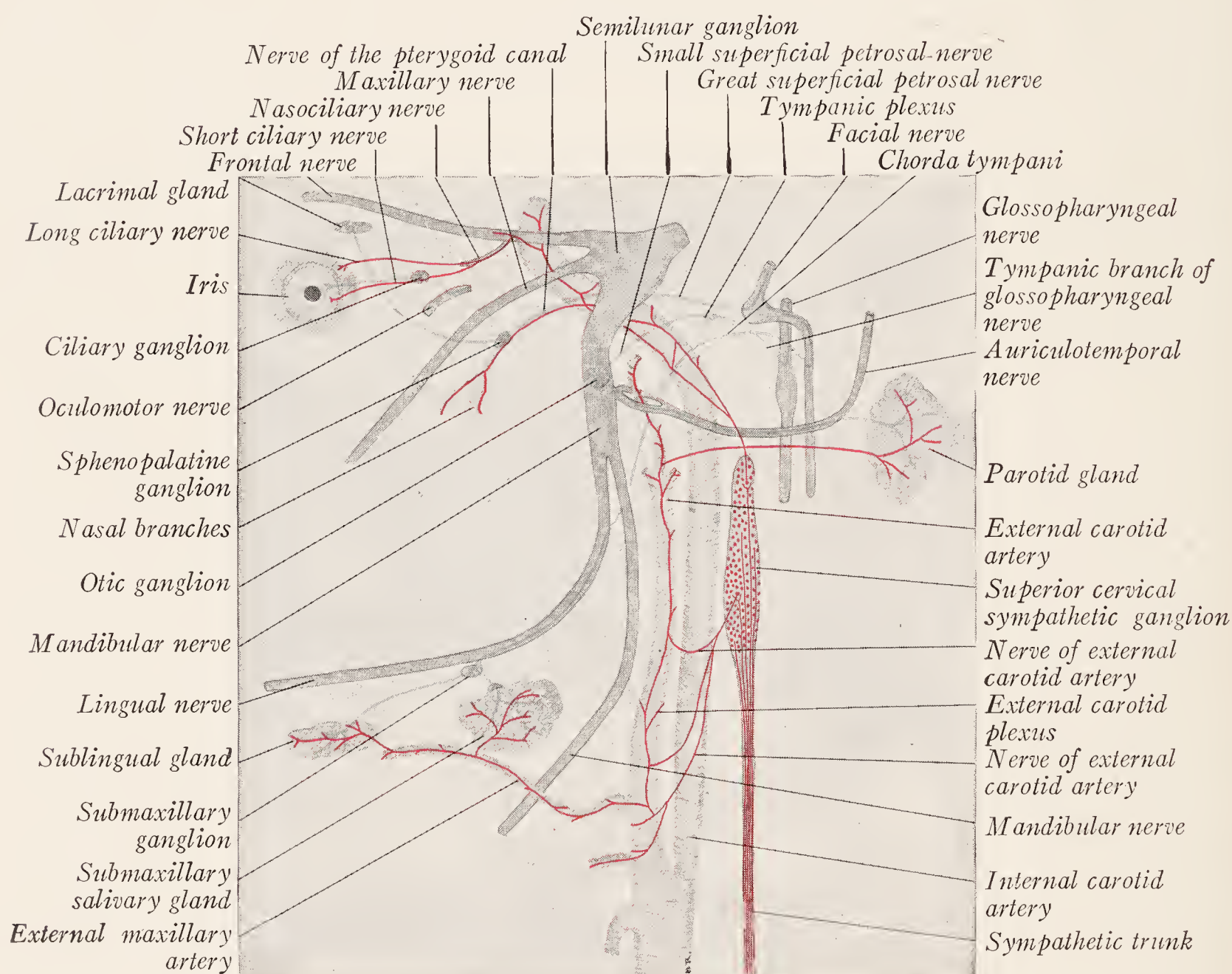


Fig. 61.—Autonomic innervation of the head.

and in relation to scattered cells of this ganglion which lie along the submaxillary duct (for the submaxillary gland). From cells in these locations postganglionic fibers are distributed to the glands (Fig. 61). Stimulation of the chorda tympani causes dilation of the vessels supplying the glands and an abundant secretion of saliva. These glands receive their *sympathetic* supply through preganglionic fibers from the upper white rami that end in the superior cervical ganglion. From cells in this ganglion postganglionic fibers run through the plexuses on the external carotid and external maxillary arteries to the submaxillary and sublingual glands. Impulses traveling this path cause vasoconstriction and a small amount of



secretion. The antagonism of the two systems is evident in the blood vessels but both cause secretion.

The **parotid gland** receives *parasympathetic* innervation through preganglionic fibers, which arise in the salivatory nucleus and run through the glossopharyngeal nerve, its tympanic branch, the tympanic plexus, and the small superficial petrosal nerve to the otic ganglion. Postganglionic fibers, arising in this ganglion, reach the parotid gland by way of the auriculotemporal nerve (Fig. 61). *Sympathetic* preganglionic fibers from the upper thoracic white rami end in the superior cervical sympathetic ganglion. Postganglionic fibers arising here run to the gland along with its arterial supply. The action of the two systems on the parotid is the same as on the submaxillary and sublingual glands.

The **heart** receives its *parasympathetic* innervation from the dorsal motor nucleus of the vagus by way of that nerve and its cardiac branches. These preganglionic fibers end in the cardiac ganglia on the auricles. The postganglionic fibers arising from cells in these ganglia end in the sino-auricular and auriculo-ventricular nodes, the auriculoventricular bundle, and the auricular musculature. The *sympathetic* preganglionic fibers run through the upper white rami to the sympathetic trunk and end in the lower cervical and upper thoracic ganglia (chiefly in the stellate ganglion). Postganglionic fibers run through the sympathetic cardiac nerves to the heart, and many of them are distributed to the ventricles. They probably supply muscle cells as well as the nodes and auriculo-ventricular bundle. The vagus slows the heart and weakens the contraction of the auricles; the sympathetic accelerates the heart rate and increases the force of the auricular and ventricular contraction.

The **bronchioles** receive their innervation through the pulmonary plexuses. *Parasympathetic* impulses from the dorsal motor nucleus, mediated through the vagus, cause constriction of the bronchi. *Sympathetic* impulses cause inhibition of the bronchial musculature and dilation of these air passages.

The **stomach and small intestines** receive their *parasympathetic* innervation from the dorsal motor nucleus of the vagus by way of the vagus nerve. The preganglionic fibers reach the gut wall and end in the small ganglia of the enteric plexuses. The postganglionic neurons are located entirely within the gut wall and the fibers are thought to end directly on the muscle cells. The intestines are supplied mainly by the right vagus which sends a branch to the celiac plexus (Fig. 62). *Sympathetic* preganglionic fibers from the lower thoracic white rami run through the thoracic sympathetic chain without interruption and through the splanchnic nerves to the celiac plexus. They end in the celiac and mesenteric ganglia. Postganglionic fibers, arising in these ganglia, run through the celiac, gastric, and mesenteric plexuses to the musculature of the gastro-intestinal wall. Parasympathetic stimulation augments contraction of the gastro-intestinal musculature with the exception of the sphincters. Sympathetic stimulation causes inhibition.

The **large intestine** receives fibers from the superior and inferior mesenteric



plexuses and from the pelvic nerve, formed by the visceral branches of the sacral nerves. The cecum, appendix, and ascending and transverse colon are supplied by the superior mesenteric plexus, which, according to Kuntz (1934), probably carries fibers from the right vagus. The inferior mesenteric plexus supplies the descending colon and rectum, which also receive fibers from the pelvic nerve formed by the visceral branches of the second, third, and fourth sacral nerves (Fig. 62). The preganglionic fibers from the vagus and from the pelvic nerve end in the intrinsic ganglia of the gut. The sympathetic preganglionic fibers reach the

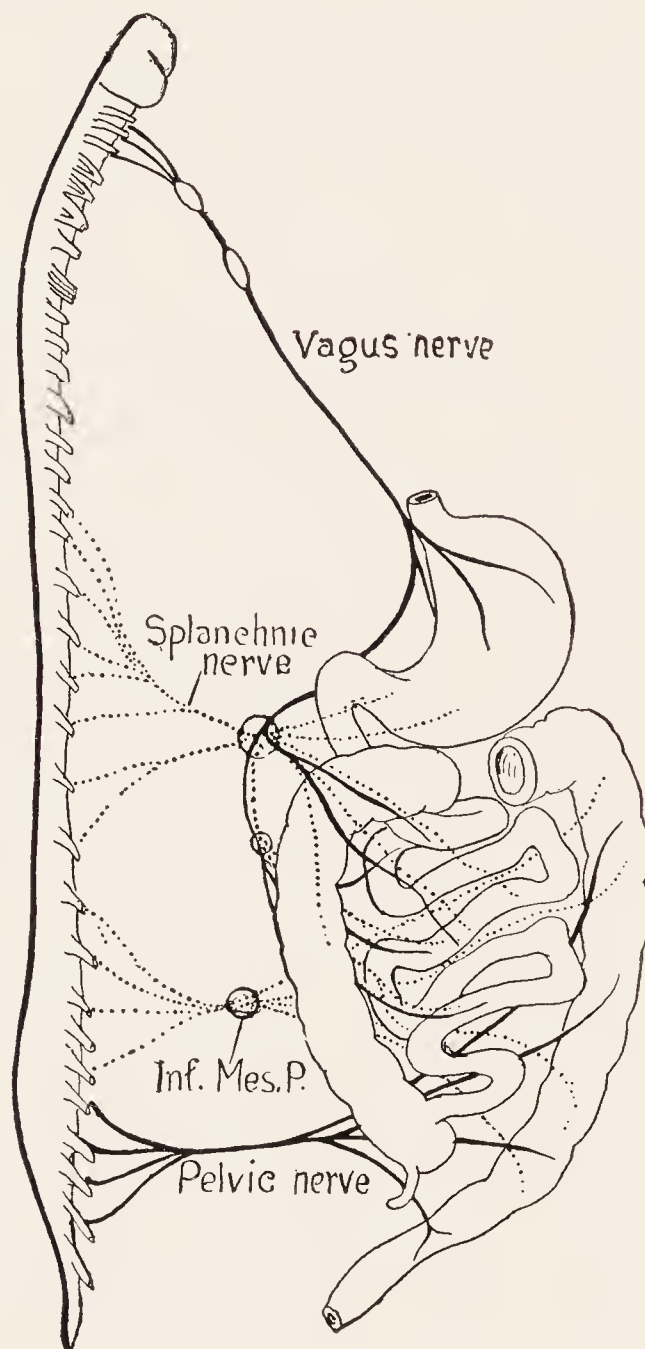


Fig. 62.—Distribution of nerve fibers to the stomach and intestine. (Kuntz, *Autonomic Nervous System*, Lea & Febiger.)

celiac plexus after traversing the lower thoracic and lumbar white rami, the sympathetic trunk, and splanchnic nerves. They end in the mesenteric ganglia. The postganglionic fibers traverse the mesenteric plexuses to end on the musculature of the gut. The parasympathetic fibers excite, the sympathetic fibers inhibit contraction of the gut musculature.

**The urinary bladder** receives its *parasympathetic* supply from the visceral branches of the sacral nerves through the pelvic nerve and vesical plexus. The preganglionic fibers end in the vesical plexus from which short postganglionic

fibers run to the musculature of the bladder wall. The *sympathetic* preganglionic fibers leave the cord by the upper lumbar ventral roots and run through the lumbar white rami and the inferior mesenteric ganglion. The postganglionic fibers run through the hypogastric and vesical plexuses to the bladder (Langworthy, Kolb and Lewis, 1940). Whether they are distributed to the neck of the bladder only (Langworthy and Murphy, 1939), or to both the neck and body (Root, 1941) is not clear. The pudendal nerve supplies the external sphincter. In general the sympathetic supply of the bladder favors retention of urine and the parasympathetic its expulsion, but the neural mechanism involved is complex and the details of its operation have not yet been satisfactorily established.



## CHAPTER VII

### THE SPINAL CORD

THE spinal cord, or medulla spinalis, is a cylindric mass of nervous tissue occupying the vertebral canal. It is 40 to 45 cm. in length, reaching from the foramen magnum, where it is continuous with the medulla oblongata, to the level of the first or second lumbar vertebra. Even above this level the vertebral canal is by no means fully occupied by the cord (Fig. 63), which is surrounded by protective membranes, while between these and the wall of the canal is a rather thick cushion of adipose tissue containing a plexus of veins. Immediately surrounding the cord and adherent to it is the delicate, highly vascular *pia mater*

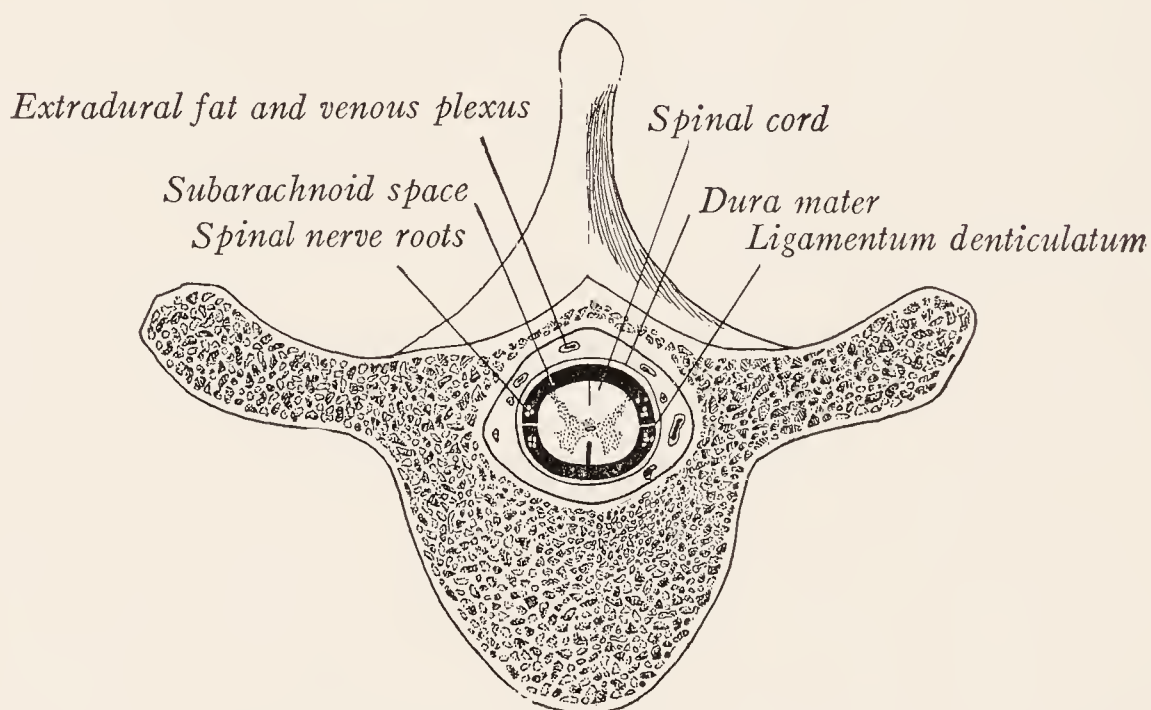


Fig. 63.—Diagram showing the relation of the spinal cord to the vertebral column.

(Fig. 64). This is separated from the thick, fibrous *dura mater* by a membrane having the tenuity of a spider web, the *arachnoid*, which surrounds the subarachnoid space. This space is broken up by subarachnoid trabeculæ and filled with cerebrospinal fluid.

**External Form.**—The spinal cord is not a perfect cylinder, but is somewhat flattened ventrodorsally, especially in the cervical region. Its diameter is not uniform throughout, being less in the thoracic than in the cervical and lumbar portions. That is to say, the cord presents two swellings (Fig. 66). The *cervical enlargement* (intumescencia cervicalis) comprises that portion of the cord from which the nerves of the brachial plexus arise, that is, the fourth cervical to the first thoracic segments inclusive. The *lumbar enlargement* (intumescencia lumbalis) is not quite so extensive and corresponds less accurately to the origin of the nerves innervating the lower extremity. At an early stage in the embryonic

development of the spinal cord these enlargements are not present. In the time of their first appearance and in their subsequent growth they are directly related to the development of the limbs.

Below the lumbar enlargement the spinal cord rapidly decreases in size and has a cone-shaped termination, the *conus medullaris*, from the end of which a slender filament, the *filum terminale*, is prolonged to the posterior surface of the coccyx (Figs. 65, 66). This terminal filament descends in the middle line surrounded by the roots of the lumbar and sacral nerves, to the caudal end of the dural sac at the level of the second sacral vertebra. Here it perforates the dura mater, from which it receives an investment and then continues to the posterior surface of the coccyx. The last portion of the filament with its dural investment is often called the *filum of the spinal dura mater* (*filum duræ matris*

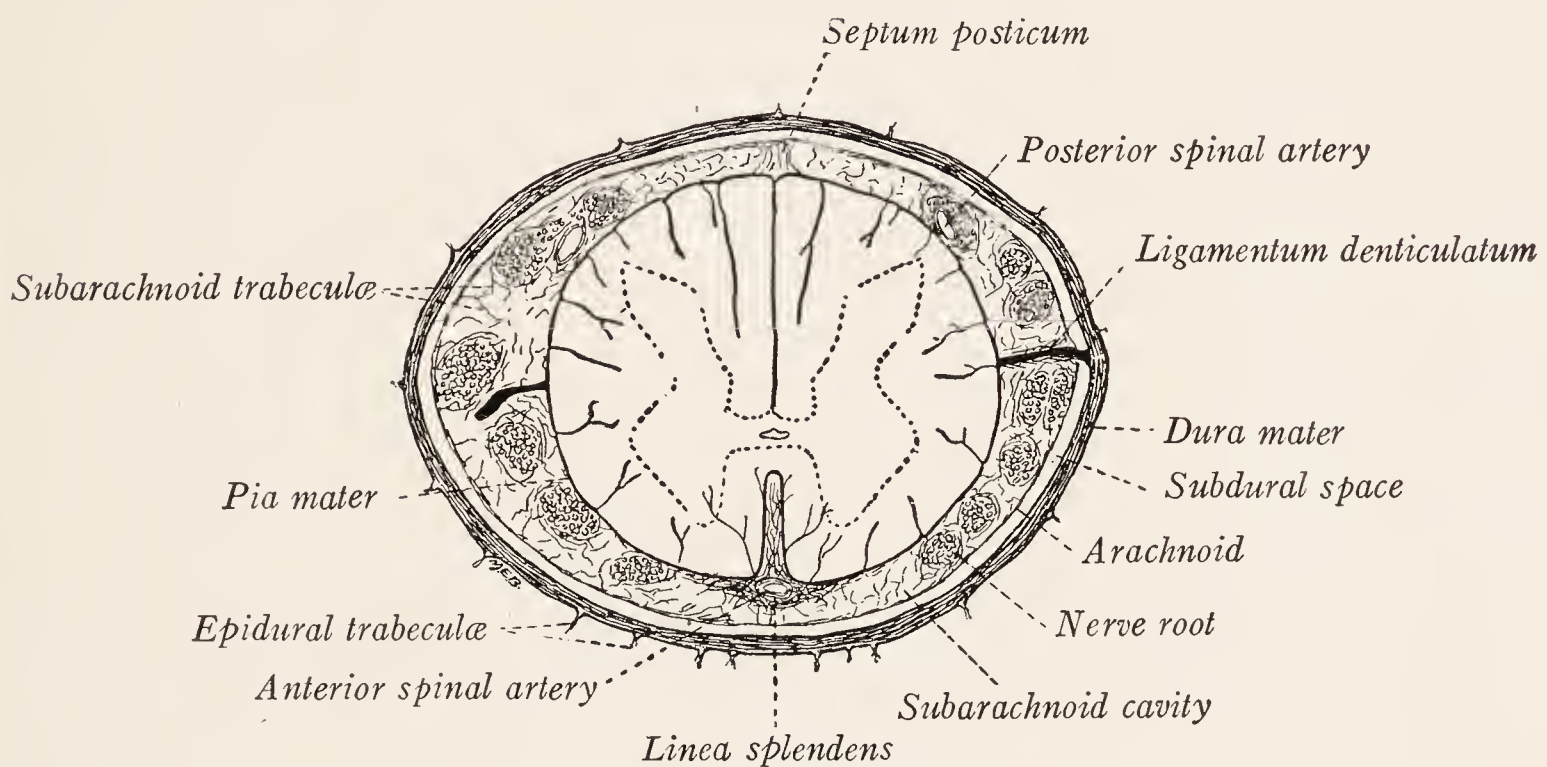


Fig. 64.—Diagram of the spinal cord and meninges.

spinalis). The *filum terminale* is composed chiefly of pia mater; but in its rostral part it contains a prolongation of the central canal of the cord.

The spinal cord shows an obscure *segmentation*, in that it gives origin to thirty-one pairs of metameric nerves. These segments may be somewhat arbitrarily marked off from each other by passing imaginary planes through the highest root filaments of each successive spinal nerve. The highest of these planes, being just above the origin of the first cervical nerve, marks the separation of the spinal cord from the medulla oblongata. This is again an arbitrary line of separation, since both as to external form and internal structure the cord passes over into the medulla oblongata by insensible gradations. According to this method of subdivision there are in the cervical portion of the cord eight segments, in the thoracic twelve, in the lumbar five, and in the sacral five, while there is but one coccygeal segment.

Several *longitudinal furrows* are seen upon the surface of the cord (Figs. 66, 67). Along the middle line of the ventral surface is the deep *anterior median*



*fissure* (fissura mediana anterior). This extends into the cord to a depth amounting to nearly one-third of its anteroposterior diameter and contains a fold of pia mater. Along the middle line of the dorsal surface there is a shallow groove, the *posterior*

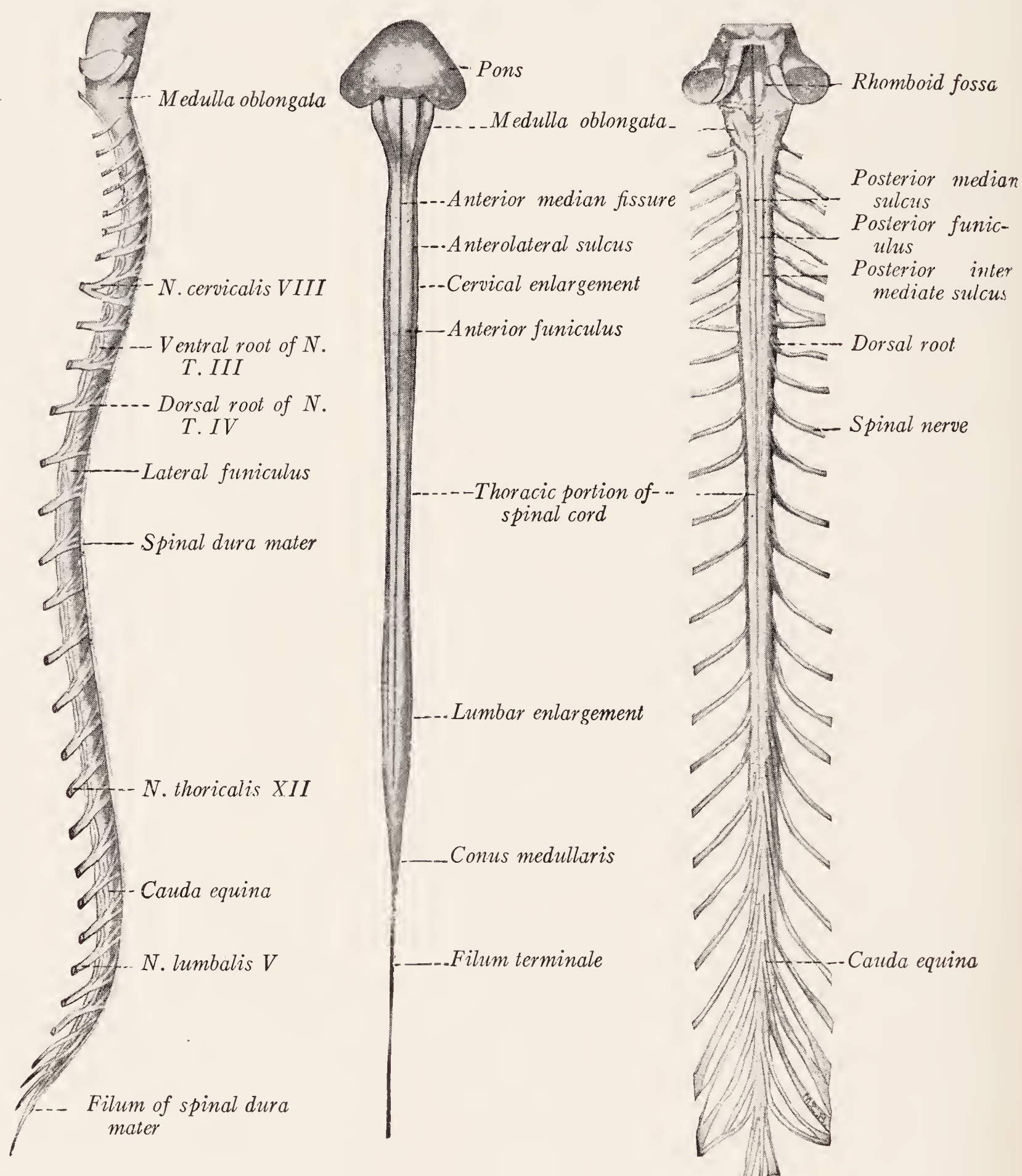


Fig. 65.

Fig. 66.

Fig. 67.

Figs. 65-67.—Three views of the spinal cord and rhombencephalon: Fig. 65, Lateral view with spinal nerves attached; Fig. 66, ventral view with spinal nerves removed; Fig. 67, dorsal view with spinal nerves attached. (Modified from Spalteholz.)

*median sulcus* (sulcus medianus posterior). As may be seen in cross-sections the spinal cord is divided into approximately symmetric lateral halves by the two furrows just described and by the posterior median septum (Figs. 70, 71, 72). On



either side, corresponding to the line of origin of the ventral roots, is a broad, shallow, almost invisible groove, the *anterolateral sulcus* (sulcus lateralis anterior). And again on either side, corresponding to the line of origin of the dorsal roots, is the narrower but deeper *posterolateral sulcus* (sulcus lateralis posterior). These six furrows extend the entire length of the spinal cord. In the cervical region an additional longitudinal groove may be seen on the dorsal surface between the posterior median and posterolateral sulci, but somewhat nearer the former. It is known as the *posterior intermediate sulcus* and extends into the thoracic cord, where it gradually disappears.

**Funiculi.**—By means of these furrows and the subjacent gray matter each lateral half of the cord is subdivided into columns of longitudinally coursing nerve-fibers known as the anterior, lateral, and posterior funiculi (funiculus anterior, funiculus lateralis and funiculus posterior). In the cervical and upper thoracic regions the posterior intermediate sulcus divides the posterior funiculus into a medial portion, the fasciculus gracilis, and a lateral portion, the fasciculus cuneatus.

**Nerve Roots.**—From the lateral funiculus in the upper four to six cervical segments there emerge, a little in front of the dorsal roots of the spinal nerves, a series of root filaments which unite to form the spinal root of the *accessory nerve* (Fig. 140). This small nerve trunk ascends along the side of the cord, enters the cranial cavity through the foramen magnum, and carries to the accessory nerve the fibers for the innervation of the sternocleidomastoid and trapezius muscles.

From the posterolateral sulcus throughout the entire length of the spinal cord emerges an almost uninterrupted series of root filaments (fila radicularia). Those from a given segment of the cord unite to form the *dorsal root* of the corresponding spinal nerve. The filaments of the *ventral roots* emerge from the broad, indistinct anterolateral sulcus in groups, several appearing side by side, rather than in the accurate linear order characteristic of the dorsal roots. Those from a given segment unite with each other to form a ventral root; and that in turn joins with the corresponding dorsal root just beyond the spinal ganglion to form the mixed nerve (Fig. 65).

**Relation of the Spinal Cord and Nerve Roots to the Vertebral Column.**—At an early fetal stage the spinal cord occupies the entire length of the vertebral canal and the spinal nerves pass horizontally lateralward to their exit through the intervertebral foramina. As development progresses the vertebral column increases in length more rapidly than the spinal cord, which, being firmly anchored above by its attachment to the brain, is drawn upward along the canal, until in the adult it ends at about the *lower border of the first lumbar vertebra*. At the same time the roots of the lumbar and sacral nerves become greatly elongated. They run in a caudal direction from their origin to the same intervertebral foramina through which they made their exit before the shift in the relative position of the cord occurred. Since the thoracic portion of the cord



has changed its relative position but little, and the cervical part even less, the cervical roots run almost directly lateralward, while those of the thoracic nerves incline but little in a caudal direction.

Since the spinal cord ends opposite the first or second lumbar vertebra, the roots of the lumbar, sacral, and coccygeal nerves, in order to reach their proper

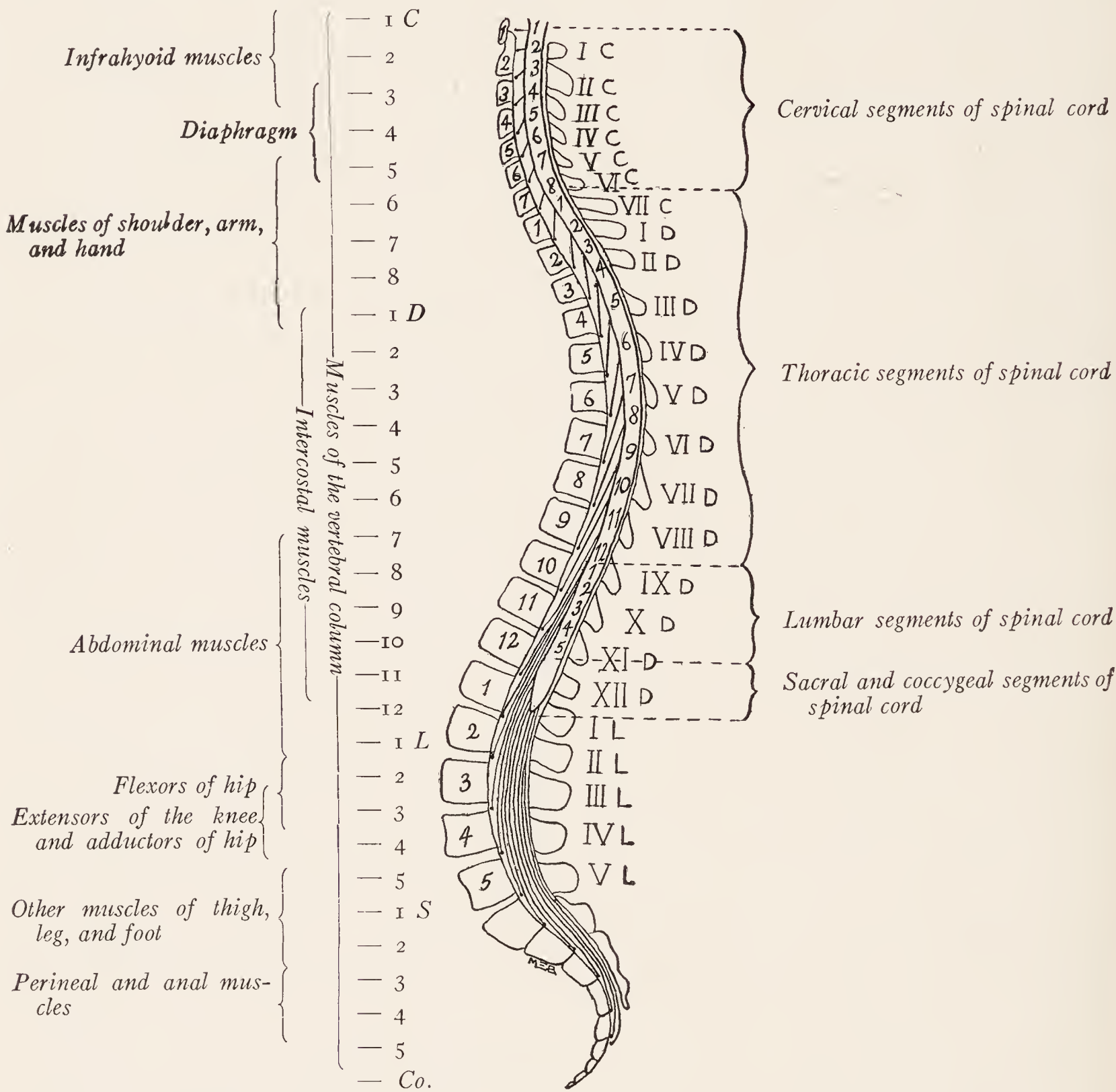


Fig. 68.—Diagram showing the level of the various segments of the spinal cord with reference to the vertebræ, with a table showing the distribution of the fibers of the several ventral roots; C, cervical; D, thoracic; L, lumbar; S, sacral; Co, coccygeal.

intervertebral foramina, descend vertically in the canal around the conus medullaris and filum terminale. In this way there is formed a large bundle, which is composed of the roots of all the spinal nerves below the first lumbar and has been given the very descriptive name *cauda equina*.

The amount of relative shortening of the various segments of the cord differs in different individuals. In Fig. 68, where the quadrilateral areas represent the

bodies of the vertebræ, we have indicated the average position of each segment of the spinal cord. It is obvious that the segments are longer in the thoracic than in the cervical and lumbar portions of the cord, while the sacral segments are the shortest (see also Fig. 74).

We have been at some pains to explain the development of the cauda equina and the vertebral level of the various segments of the spinal cord because these are matters of much practical importance. In spinal puncture the needle is made to enter the subarachnoid space caudal to the termination of the cord. In locating lesions of the spinal cord it is necessary to know the position of its various segments with reference to the vertebræ. It is particularly important to be able to distinguish between an injury to the lower part of the spinal cord and one which involves only the nerve roots in the cauda equina, since, although the symptoms in the two cases may be nearly identical, damage to the spinal cord is irreparable, while the motor nerve roots will regenerate.

**The Spinal Cord in Section.**—When a section is made through any part of the brain or spinal cord one sees at once that it is composed of two kinds of tissue—the one whitish in color, the other gray, tinged with pink. The white substance consists chiefly of myelinated fibers, the gray is made up of nerve-cells, dendrites, unmyelinated and myelinated fibers, and many blood-vessels. Both have a supporting framework of neuroglia.

The **gray section** (*substantia grisea*) of the spinal cord is centrally placed and forms a continuous fluted column, which is everywhere enclosed by the white matter (Fig. 69). In cross-section it has the form of a letter H (Fig. 70). There is a comma-shaped gray field in each lateral half of the cord, and these are united across the middle line by a transverse gray bar. The enlarged anterior end of the comma has been known as the ventral horn, the tapering posterior end as the dorsal horn, and the transverse bar as the *gray commissure*. But, when it is remembered that the gray substance forms a continuous mass throughout the length of the spinal cord, it will be seen that the term “column” is more appropriate than “horn.” The long gray mass in either lateral half of the cord is convex medially and concave laterally.

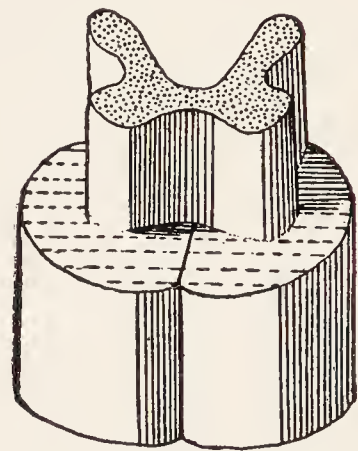


Fig. 69.—Diagram of gray columns of spinal cord.

As seen in a cross-section of the cervical cord, the *posterior column* is relatively long and narrow and nearly reaches the dorsolateral sulcus (Fig. 70). It presents a constricted portion known as the *cervix*, a pointed dorsal extremity or *apex*, and between the two an expanded part sometimes called the *caput*. The apex consists largely of a special variety of gray substance, gelatinous in appearance in the fresh condition and very difficult to stain by neurologic methods which in sections has the shape of an inverted V. It is known as the *substantia gelatinosa Rolandi*. In the thoracic portion the posterior column, which is here very slender, does not



come so close to the surface; and in the lumbosacral segments it is much thicker (Figs. 71, 72).

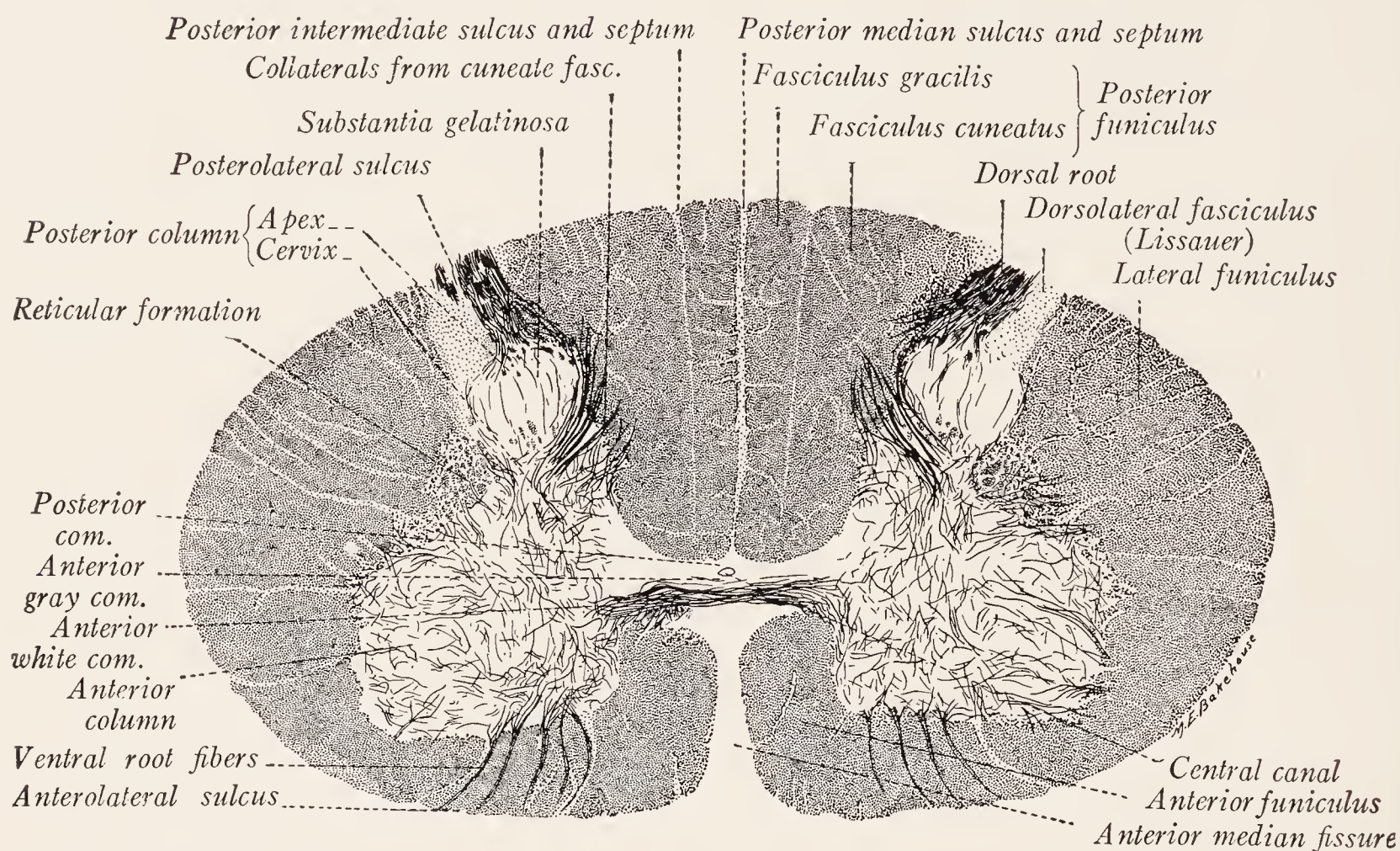


Fig. 70.—Section through seventh cervical segment of the spinal cord of a child. Pal-Weigert method.

The *anterior column* is relatively short and thick and projects toward the anterolateral sulcus. It contains the cells of origin of the fibers of the ventral roots. From its lateral aspect nearly opposite the gray commissure there pro-

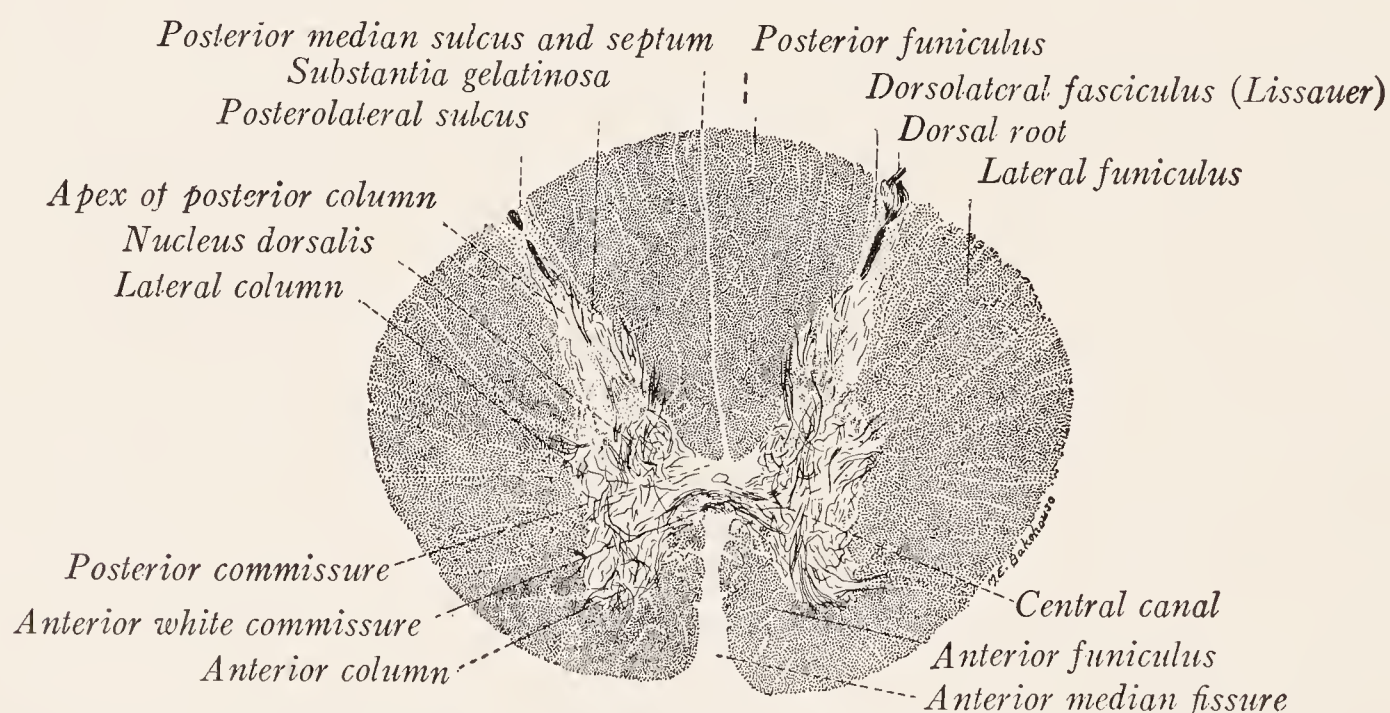


Fig. 71.—Section through the seventh thoracic segment of the spinal cord of a child. Pal-Weigert method.

jects a triangular mass, known as the *lateral column* (*columna lateralis*). This is prominent in the thoracic and upper cervical segments; but it blends with the expanded anterior column in the cervical and lumbar enlargements.



The *reticular formation* (formatio reticularis), situated just lateral to the cervix of the posterior column in the cervical region, is a mixture of gray and white

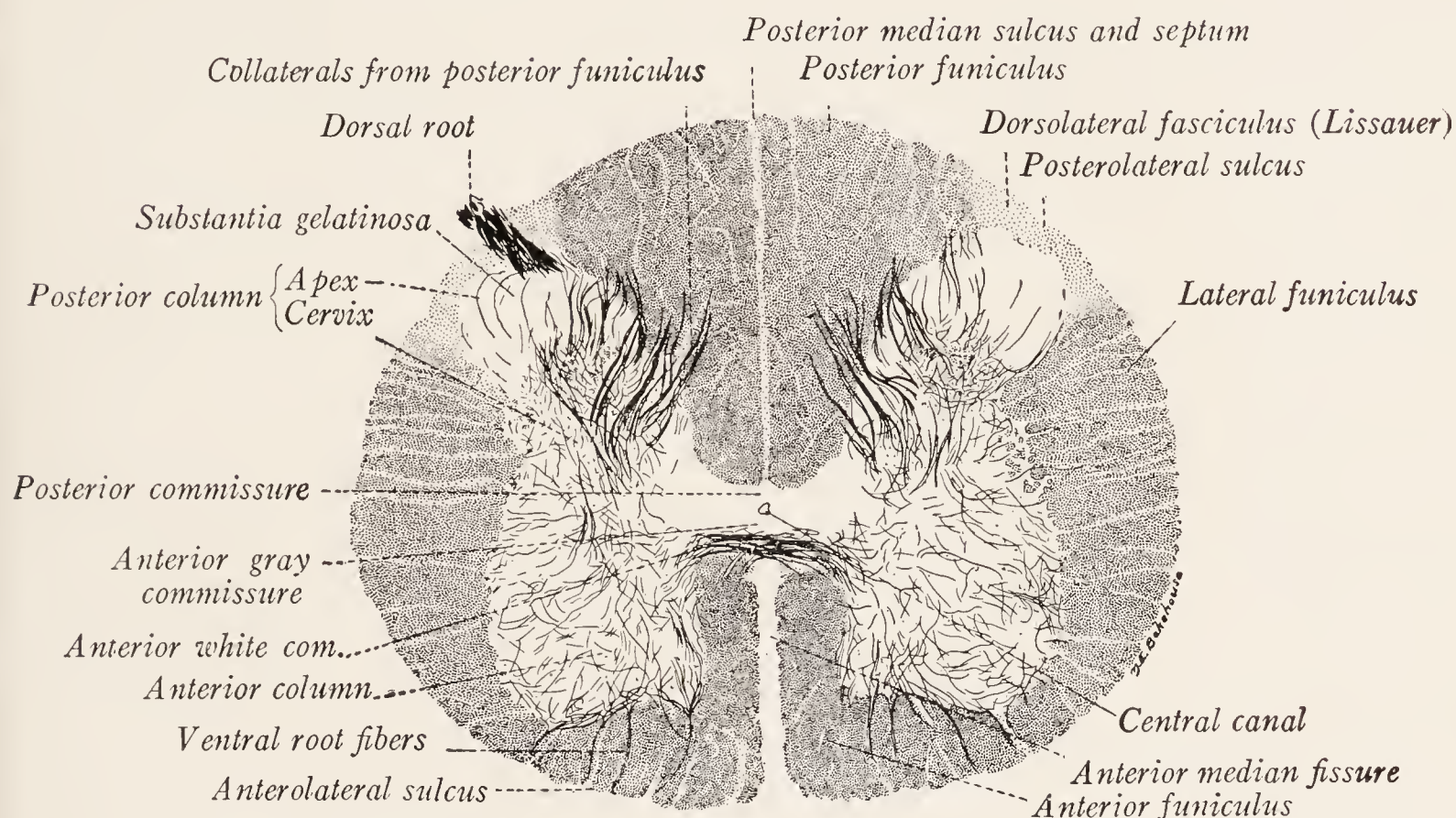


Fig. 72.—Section through the fifth lumbar segment of the spinal cord of a child. Pal-Weigert method.

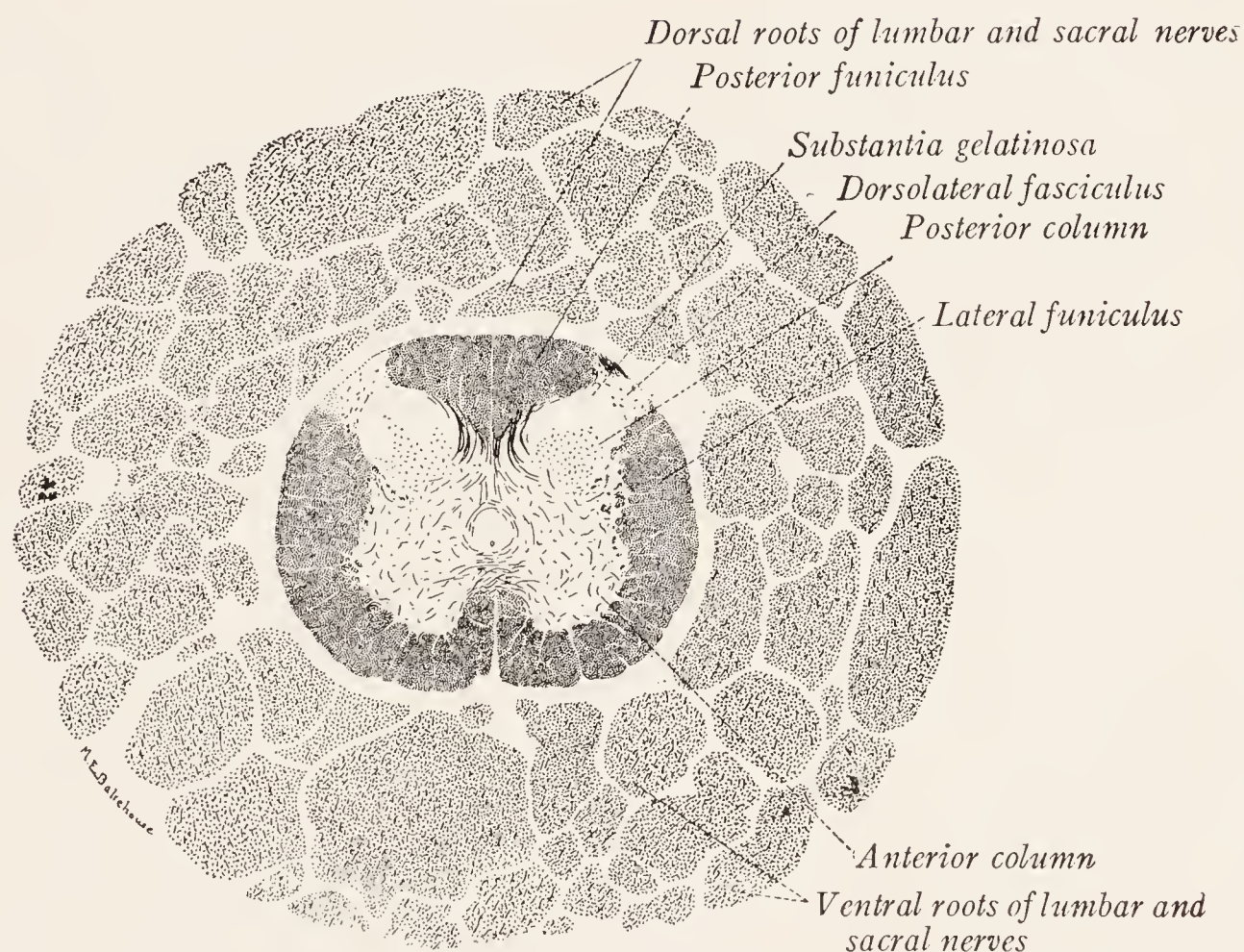


Fig. 73.—Section of the third sacral segment of the human spinal cord and the lumbosacral nerve roots of the cauda equina. Pal-Weigert method.

matter (Fig. 70). Here a network of gray matter extends into the white substance, breaking it up into fine bundles of longitudinal fibers. The reticular formation is most evident in the cervical region, but traces of it appear at other levels.



The gray commissure contains the central canal, and by it is divided into the *posterior commissure* (commissura posterior) and the *anterior gray commissure*

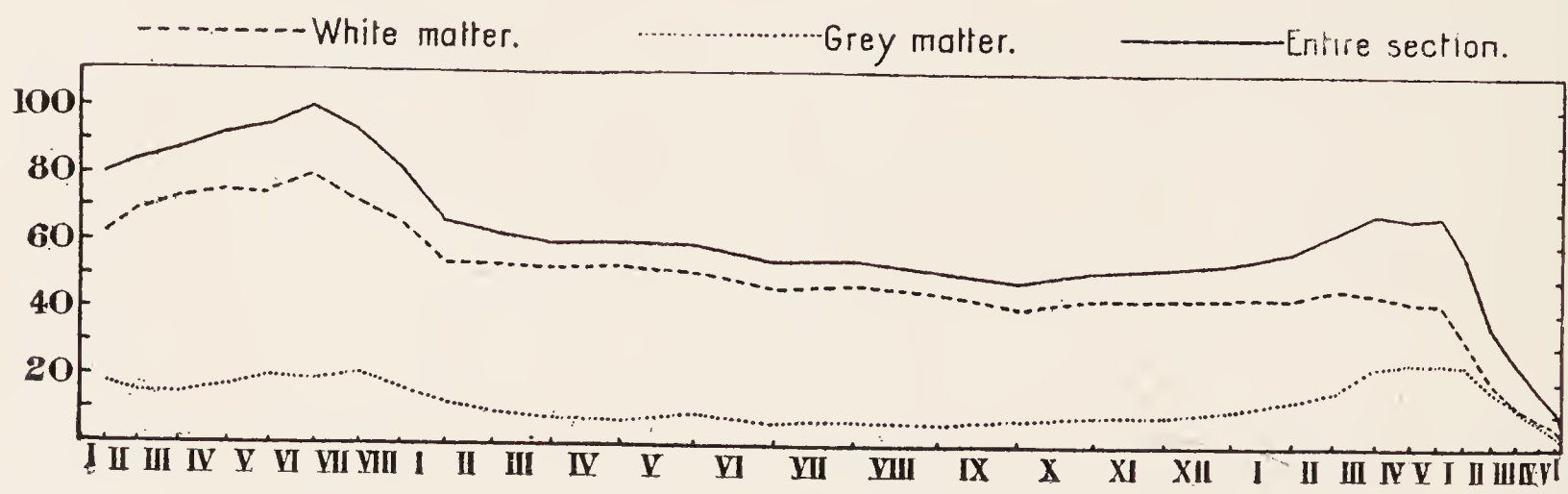


Fig. 74.—Curves showing the variations in sectional area of the gray matter, the white matter, and the entire cord in the various segments of the human spinal cord. (Donaldson and Davis.)

(commissura anterior grisea). Ventral to the latter many medullated fibers cross the midline, constituting the *anterior white commissure*.

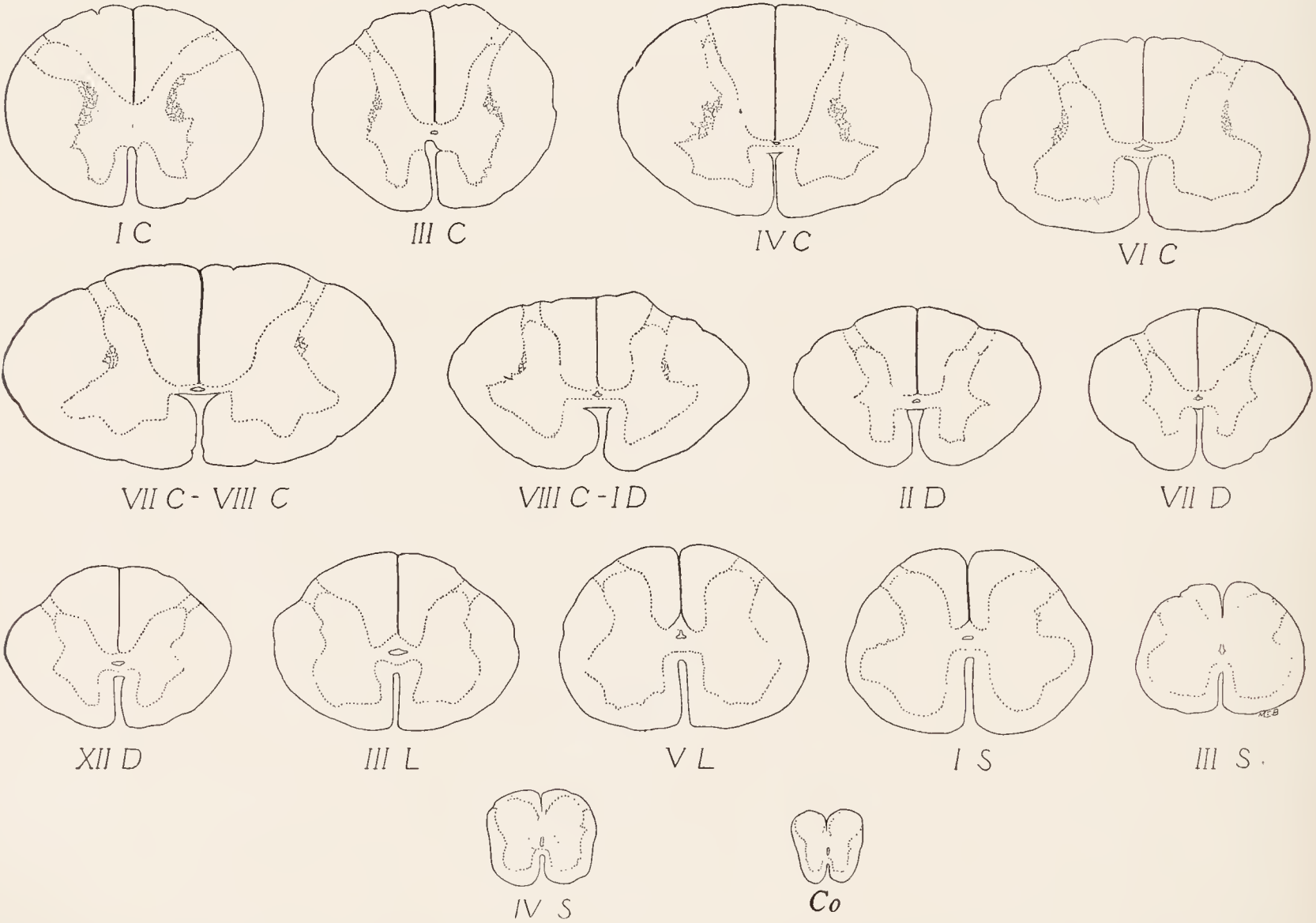


Fig. 75.—Outline drawings of sections through representative segments of the human spinal cord; C, cervical; D, dorsal or thoracic; L, lumbar; S, sacral; Co, coccygeal.

The cavity of the neural tube persists as the *central canal*, which lies in the gray commissure throughout the entire length of the cord. The canal is so small

as to be barely visible to the naked eye. It is lined with ependymal epithelium and the lumen is often blocked with epithelial debris. The canal, which is narrowest in the thoracic region, expands within the lower part of the conus medullaris to form a fusiform dilatation, the *ventriculus terminalis*.

**The White Substance.**—The long myelinated fibers of the cord, arranged in parallel longitudinal bundles, constitute the white substance which forms a

CHARACTERISTIC FEATURES OF TRANSVERSE SECTIONS AT VARIOUS LEVELS OF THE SPINAL CORD

Level.	Cervical.	Thoracic.	Lumbar.	Sacral.
Outline	Oval, greatest diameter transverse	Oval to circular	Nearly circular	Circular to quadrilateral
Volume of gray matter	Large	Small	Large	Relatively large
Anterior gray column	Massive	Slender	Massive	Massive
Posterior gray column	Relatively slender, but extends far posteriorly	Slender	Massive	Massive
Lateral gray column	Absorbed in the anterior except in the upper three cervical segments	Well marked	Absorbed in the anterior column	Present
Processus reticularis	Well developed	Poorly developed	Absent	Absent
White matter	In large amount	Less than in the cervical region, but relatively a large amount in comparison to the gray matter	Slightly less than in the thoracic region; very little in comparison to the large volume of the gray	Very little
Sulcus intermedius posterior	Present throughout	Present in upper seven thoracic segments	Absent	Absent

thick mantle surrounding the gray columns. In each lateral half of the cord it is divided into the three great strands or funiculi, which have been described on the surface of the cord. The *anterior funiculus* (funiculus anterior) is bounded by the anterior median fissure, the anterior column, and the emergent fibers of the ventral roots. The *lateral funiculus* (funiculus lateralis) lies lateral to the gray substance between the anterolateral and posterolateral sulci, *i. e.*, between the lines of exit of the ventral and dorsal roots. The *posterior funiculus*



(funiculus posterior) is bounded by the posterolateral sulcus and posterior column on the one side, and the posterior median septum on the other. The septum, just mentioned, completely separates the two posterior funiculi from each other. Incomplete septa project into the white substance from the enveloping pia mater. One of these, more regular than the others, enters along the line of the posterior intermediate sulcus. It is restricted to the cervical and upper thoracic segments, is known as the *posterior intermediate septum*, and divides the posterior funiculus into two bundles, the more medial of which is known as the *fasciculus gracilis*, while the other is called the *fasciculus cuneatus*.

**Characteristics of the Several Regions of the Spinal Cord.**—It will be apparent from Figs. 70–73 that the size and shape of the spinal cord, as seen in transverse section, varies greatly at the different levels and that the relative proportion of gray and white matter is equally variable. Two factors are primarily responsible for these differences. One of these is the variation in the size of the nerve roots at the different levels; for where great numbers of nerve-fibers enter, they cause an increase in the size of the cord and particularly in the volume of the gray matter. It has already been pointed out that the cervical and lumbar enlargements are directly related to the large nerves supplying the extremities. The second factor is this: Since all levels of the cord are associated with the brain by bundles of long fibers, it is obvious that such long fibers must increase in number and the white matter increase in volume as we follow the cord from its caudal end toward the brain. All this is well illustrated in a diagram by Donaldson and Davis reproduced in Fig. 74.

The outline of a section of the spinal cord at the *fourth sacral segment* is somewhat quadrilateral. The total area is small and the greater part is occupied by the thick gray columns (Fig. 75). The size of the cord is much greater at the level of the *first sacral* and *fifth lumbar segments*, as might be expected from the large size of the associated nerves (Figs. 72, 75). There is both an absolute and a relative increase in the white substance, which here contains the long paths connecting the sacral portions of the spinal cord with the brain. Both the anterior and posterior columns are massive, and the anterior presents a prominent lateral angle. The large nerve-cells in the lateral part of the anterior column give rise to the fibers which run to the muscles of the leg. At the level of the *seventh thoracic segment* (Figs. 71, 75) the cross-sectional area is less than in the lumbar enlargement. Corresponding to the small size of the thoracic nerves the gray matter in this region is much reduced, both anterior and posterior columns being very slender. The apex of the latter is some distance from the surface and its cervix is thickened by a column of cells known as the nucleus dorsalis. The columna lateralis is prominent. The white matter is somewhat more abundant than in the lumbar region, and increases slightly in amount as we follow the cord rostrally through the thoracic region (Fig. 74).

A transverse section at the level of the *seventh cervical segment* is elliptic in outline and has an area greater than that of any other level of the cord (Figs.

70, 75). The white matter is voluminous and contains the long fiber tracts connecting the brain with the more caudal portions of the cord. The gray matter is also abundant, as we might expect from the large size of the seventh cervical nerve. The ventral column is especially thick and presents a prominent lateral angle. The large laterally placed nerve-cells of the anterior column are associated with the innervation of the musculature of the arm. The posterior column is relatively slender, but reaches nearly to the dorsolateral sulcus.

**Blood Supply of the Spinal Cord.**—Within the pia mater covering the cord there is a plexus of very small arteries (Fig. 76). In the anterior median fissure and in or near each posterolateral sulcus there can be seen larger longitudinally coursing channels, which in spite of the fact that they form integral parts of the pial plexus, are usually designated as ventral and dorsal spinal arteries. The

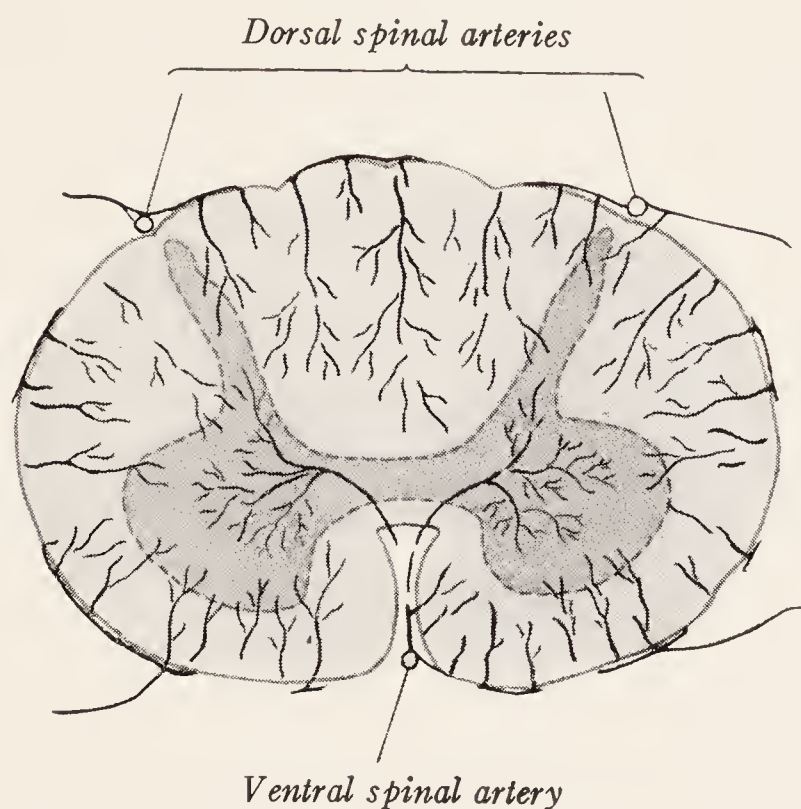


Fig. 76.—Diagram of the arteries supplying the spinal cord.

blood is brought to this plexus and to these longitudinal channels within it by the spinal branches of the vertebral, intercostal and lumbar arteries. These branches follow the spinal nerves and divide into ventral and dorsal radicular arteries which accompany the corresponding roots to the cord where they join the plexus. In the upper cervical region the ventral and dorsal spinal arteries are the direct downward continuations of branches of the vertebral arteries having the same names (*a. spinalis anterior* and *a. spinalis posterior*).

From the ventral spinal artery branches pass horizontally backward through the anterior median fissure to the gray matter where they branch and form a rich plexus which for the most part is confined to the anterior column. The remainder of the cord is supplied by numerous very small arteries which penetrate the white matter from the pial plexus.



## MICROSCOPIC ANATOMY

**Neuroglia.**—Occupying the interstices among the true nervous elements of the spinal cord is a peculiar supporting tissue, neuroglia, the structure of which has been described in a preceding chapter. *Ependymal cells* line the central canal. Some of them send processes to terminate beneath the pia in the anterior median fissure and others send similar processes dorsally along the midline in the posterior median septum (Fig. 36). A special condensation of neuroglia surrounds the central canal and is known as the *substantia gelatinosa centralis*. Unlike the rest of the gray matter it contains many fibrous astrocytes, which elsewhere are found chiefly in the white matter while the protoplasmic astrocytes are confined to the gray substance. Beneath the pia mater and closely investing the spinal cord externally is a thin stratum of neuroglia, the *glial sheath* which is adherent to the under surface of the pia and with it forms the pia-glial membrane. The blood-vessels, which penetrate the spinal cord, are surrounded by tubular prolongations of this membrane with the pial layer separated from the vessels only by perivascular spaces which communicate with the subarachnoid space (Fig. 269). The *posterior median septum* is composed of neuroglia and greatly elongated ependymal elements and is in no part formed by the pia mater.

**White Substance.**—The white matter of the spinal cord consists of longitudinally coursing bundles of nerve-fibers, bound together by a felt-work of neuroglia fibers, a majority of which run in a direction transverse to the long axis of the nerve-fibers. The neuroglia fibers are associated with the fibrous astrocytes which are scattered through the white columns. Oligodendrocytes are found in rows between the longitudinally coursing nerve-fibers. The longer expansions of these oligodendroglia cells run parallel to the myelinated nerve-fibers and with their side branches form closely woven tubular nets around them. Blood-vessels enter the cord from the pia mater and are accompanied by connective tissue from the pia and by the subpial neuroglia. It has been generally supposed that the white fascicles of the cord were composed almost exclusively of myelinated fibers; and it is true that these, partly because of their size, are the most conspicuous elements. In cross-sections stained by the Weigert method the myelin sheaths alone are stained; and since the fibers are cut at right angles to their long axes, they appear as rings. Cajal (1909) has shown that there are also great numbers of unmyelinated fibers in the longitudinal fascicles of the cord (Fig. 77). The different fascicles differ not only in the size of their myelinated fibers but also in the proportion of unmyelinated fibers which they contain. The fasciculus dorsolateralis or tract of Lissauer (Fig. 78) contains fine myelinated fibers and great numbers of unmyelinated axons. Close to it lies the dorsal spinocerebellar tract which is composed almost exclusively of large myelinated fibers.

**Gray Substance.**—The gray matter is composed of nerve-cells, including their dendrites, and of unmyelinated axons and smaller numbers of myelinated fibers—all supported by a neuroglia framework and richly supplied with capillary blood-vessels. The axons of the cells of Golgi's Type I are very long and

run out into the white substance or into the ventral roots. Those of the cells of his Type II are short and end within the gray matter. In addition, great numbers of collaterals from the dorsal root fibers and from the longitudinal



Fig. 77.—From a cross-section through the spinal cord of a rabbit showing the structure of the white matter as revealed by the Cajal method. (Cajal.)

fibers of the cord, as well as terminal branches of these fibers, enter the gray substance and ramify extensively within it, entering into synaptic relations with the neurons which it contains. The branches of the myelinated fibers soon lose their sheaths, and it is this relative scarcity of myelin which gives to this

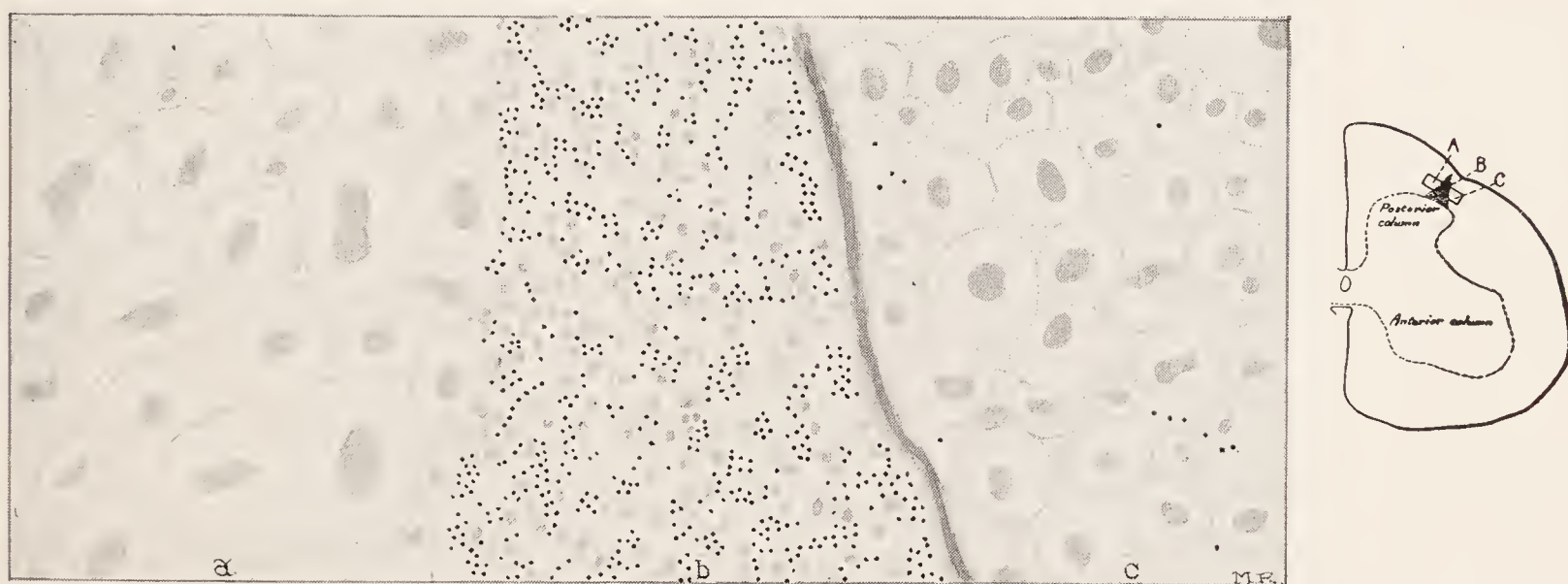


Fig. 78.—From a cross-section of the spinal cord of the cat; a narrow strip extending across the dorsolateral fasciculus in the position indicated by the sketch on the right: *a*, Fasciculus cuneatus; *b*, fasciculus dorsolateralis (Lissauer); *c*, dorsal spinocerebellar tract. The unmyelinated fibers appear as black dots. Pyridine-silver method.

substance its gray appearance. The ramification of dendrites and unmyelinated fibers forms a very intricate feltwork throughout the gray substance (Fig. 79).

The **nerve-cells** of the spinal cord vary greatly in size. The largest are situated in the anterior column and may measure more than 100 micra. They are all



multipolar, possess each a single *axon*, and may be classified in four groups: (1) Some of the cells, found in the posterior horn and particularly in the substantia gelatinosa Rolandi, belong to Golgi's Type II, with short axons confined to the gray substance. These, however, are present in relatively small numbers in the spinal cord. (2) The motor cells, situated in the anterior column and most numerous in the cervical and lumbar enlargements, are of large size and possess axons which leave the cord in the ventral roots. (3) Smaller cells are present in the lateral column in the thoracic region and give rise to the visceral efferent fibers of the ventral roots (Fig. 43). (4) Other cells of small or medium size, found chiefly in the posterior column, possess axons which pass into the white matter, where they bend sharply to become ascending or descending

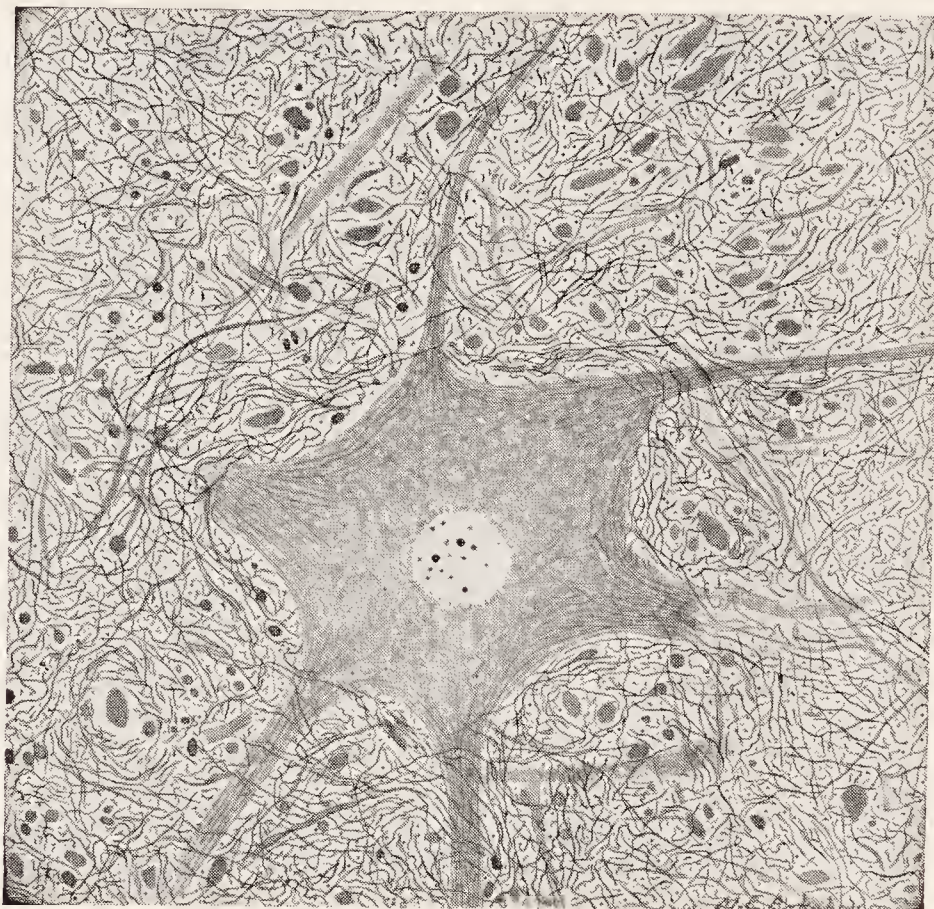


Fig. 79.—From a section through the spinal cord of a monkey; showing part of the anterior gray column including a multipolar nerve-cell and the surrounding neuropil. Pyridine-silver method.

fibers, or divide dichotomously into ascending and descending branches (Fig. 83). Some of the ascending fibers reach the brain; the others merely connect the different levels of the spinal cord. The fibers of the latter group constitute the *fasciculi proprii* and vary greatly in length, some connecting adjacent, others, more remote, segments. Their collateral and terminal branches reenter and ramify within the gray substance. Those which remain throughout in the same lateral half of the cord are called *association fibers*; while others, known as *commissural fibers*, cross the median plane chiefly in the white commissure (Fig. 83). Some of the commissural fibers are short and confined to a single level of the cord (Fig. 34).

**Cell-columns.**—The nerve-cells are not uniformly distributed throughout the gray matter, for many of them are arranged in longitudinal cell-columns.



In transverse sections each of these columns appears as a distinct group of cells, somewhat separated from other similar groups within the gray matter

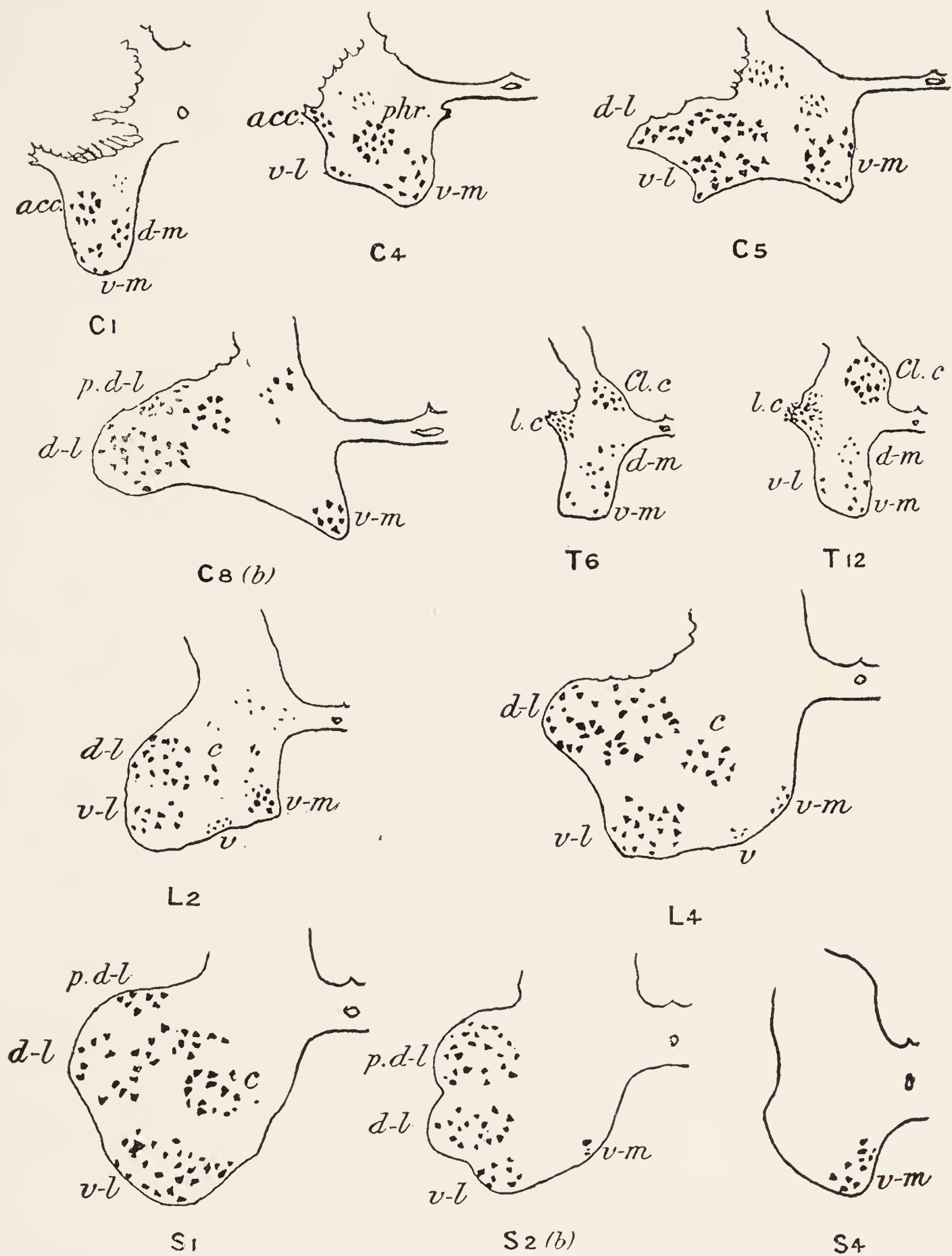


Fig. 80.—Outline sketches of ventral horn and ventral part of the dorsal horn of left side of cord at different levels, showing the relative number and position of the chief cell-groups:  $C_1$ ,  $C_4$ ,  $T_6$ , etc., indicate the segments—e. g., first cervical, fourth cervical, sixth thoracic;  $C_8 (b)$ , lower part of eighth cervical. The following letters designate the cell-groups:  $v-m$ , Anteromedian;  $d-m$ , posteromedian;  $v-l$ , anterolateral;  $d-l$ , posterolateral;  $p. d-l$ , retroposterolateral;  $v$  in  $L_2$ ,  $L_4$ , ventral;  $c$  in  $L_2$ ,  $L_4$ ,  $S_1$ , central;  $l. c.$  in  $T_6$ ,  $T_{12}$ , intermediolateral;  $acc.$  in  $C_1$ ,  $C_4$ , accessorius;  $phr.$  in  $C_4$ , phrenic;  $Cl. c.$  in  $T_6$ ,  $T_{12}$ , nucleus dorsalis. (Bruce, Quain's Anatomy.)

(Figs. 80, 81). The large motor cells of the anterior column, which give origin to the ventral root fibers may be separated into two chief groups. The cells of the



*medial column* send their fibers to the musculature of the neck and trunk. The cells of the *lateral column*, found only in the cervical and lumbar enlargements, send their fibers to the muscles of the limbs. The arrangement of the nerve-cells has been variously described by different authors, no two of which are in full agreement. The inadequacy of our knowledge concerning the topography and functional significance of the various cell groups has been emphasized by Elliott (1941).

The medial column may be subdivided into two. One of these, known as the *antero-median cell-column*, occupies the medial part of the anterior column throughout almost its entire length, being absent only in the fifth lumbar and first sacral segments. Behind it is the *posteromedian cell-column*, which is, however, present only in the thoracic and first lumbar segments and for a short stretch in the cervical region. The lateral column of cells consists of four parts: (1) the *anterolateral cell-column*, present in the fourth to the eighth cervical and in the second lumbar to the second sacral segments; (2) the *posterolateral cell-column* in the last five cervical, last four lumbar, and first three sacral segments; (3) the *retroposterolateral cell-column* in the eighth cervical, first thoracic, and first three sacral segments, and (4) the *central cell-column* in the second lumbar to the second sacral segments.

The *intermediolateral cell-column* is found in the lateral column in the thoracic region of the cord and is prolonged downward into the upper lumbar segments. It is composed of relatively small cells, the axons of which run through the ventral roots, spinal nerves, and white rami communicantes into the sympathetic nervous system (Figs. 43, 81). They have to do with the innervation of smooth and cardiac muscle and glandular tissue. The longitudinal extent of this column corresponds quite accurately to that of the spinal origin of the white rami. A group of cells, having a similar function, is also found in the third and fourth sacral segments.

The *cells of the posterior gray column* are smaller, as a rule, than those of the ventral column; and except for the nucleus dorsalis they are not arranged in definite groups. They are concerned with the reception and distribution of the impulses entering along the fibers of the dorsal roots.

The *nucleus dorsalis*, or column of Clarke, is a group of large cells in the medial part of the base of the posterior column (Fig. 81). It extends from the last cervical or first thoracic to the first or second lumbar segments. It is a prominent feature in cross-sections of the thoracic cord, appearing as a well-defined oval area richly supplied with collaterals from the dorsal roots. The cells have an oval or pyriform shape; each has several dendritic processes and an axon which enters the lateral funiculus, within which it runs toward the cerebellum in the dorsal spinocerebellar tract.

**The Spinal Reflex Mechanism.**—In the next chapter we shall consider at length the long ascending and descending paths in the white substance of the cord by which afferent impulses from the spinal nerves reach the brain, and those through which the motor centers of the brain exert in return a controlling influence over the spinal motor apparatus. But fully as important as these are

the purely intraspinal connections—the spinal reflex mechanism. The dorsal root fibers subserving tactile, thermal, painful and proprioceptive sensations enter into synaptic relations within the gray matter of the spinal cord not only with secondary sensory neurons that relay the impulses onward toward the cerebral cortex but also with association and commissural neurons which are concerned with spinal reflexes (Fig. 83).

A **reflex arc** in its simplest form may be made up of only two neurons, the primary sensory and motor neurons with a synapse in the gray matter of the anterior column (Fig. 34). It consists of the following parts: (1) a receptor, the peripheral sensory ending; (2) a conductor, the afferent nerve-fiber; (3) a center, including the synapse in the anterior column; (4) a second conductor,

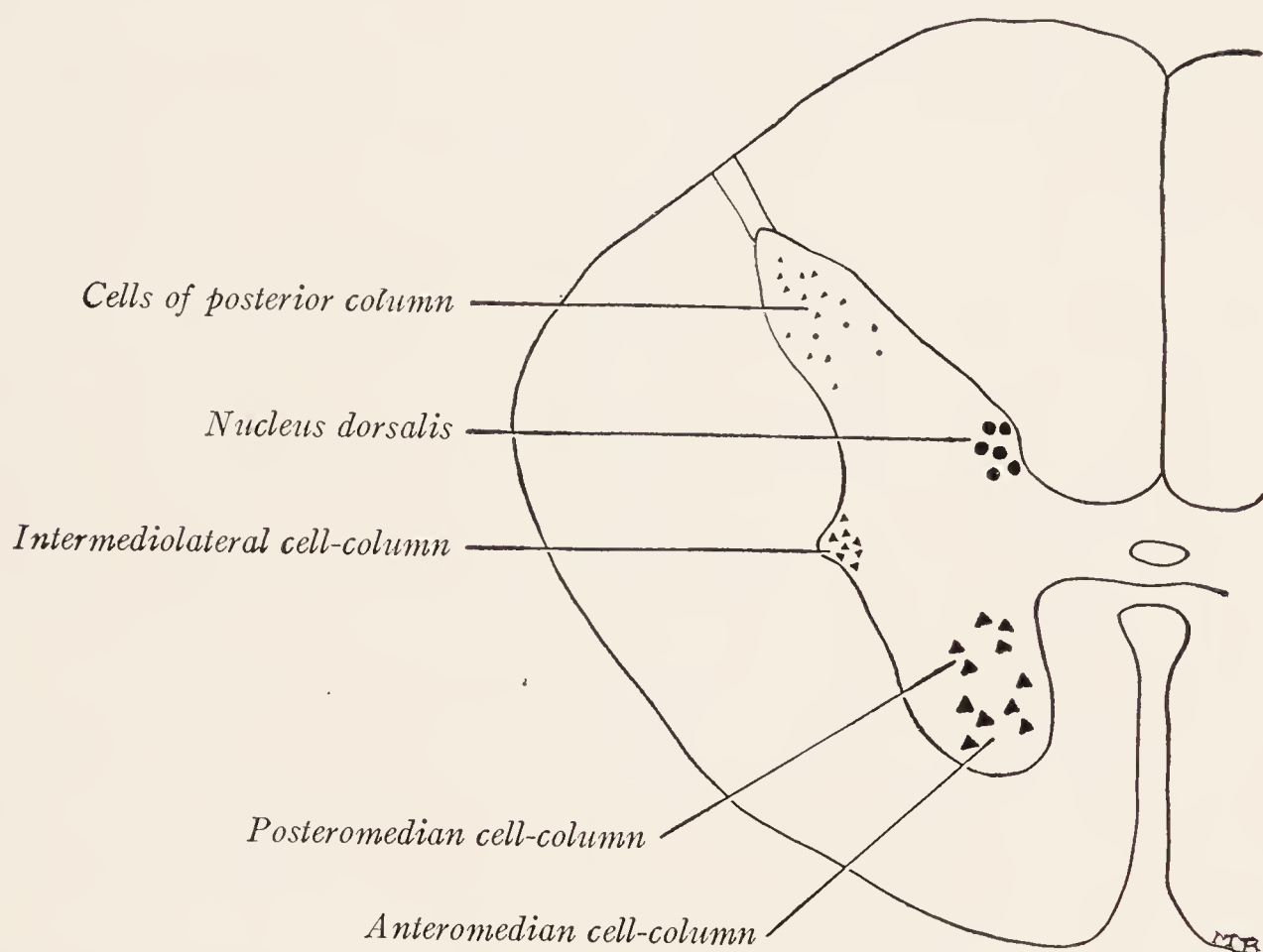


Fig. 81.—Diagrammatic drawing showing the arrangement of nerve-cells in the thoracic spinal cord.

the efferent nerve-fiber; and (5) an effector, the muscle-fiber. Usually, however, there are interposed between the primary sensory and motor elements one or more intermediate neurons. These, when restricted to one side of the cord, are known as *association neurons*; when their axons cross the median plane, as many of them do through the anterior white commissure, they are called *commissural neurons*. When the circuit is complete within a single neural segment it may be said to be intrasegmental (Fig. 34); if it extends through two or more such segments it is an intersegmental reflex arc.

**Intersegmental Reflex Arcs.**—Impulses entering the spinal cord through a given dorsal root may be transmitted to the primary motor neurons of another segment by way of the ascending and descending branches of the dorsal root fibers, and along the fibers of the fasciculi proprii (Figs. 82, 83). A full account



of these two pathways will be presented in the next chapter, but a word of explanation is required here. The *fibers of the dorsal root* divide, soon after their entrance into the cord, into long ascending and shorter descending branches, which together form the greater part of the posterior funiculus and give off many collaterals to the gray matter of the successive levels of the cord (Fig. 82). Many of the ascending branches reach the brain; but the others terminate, as do the descending branches and all the collaterals, in the gray matter of the cord. The *fasciculi proprii* immediately surround the gray columns and consist of ascending and descending fibers, which arise and terminate within the gray substance of the cord (Fig. 83). Most of these fibers remain on the same side as *association fibers* concerned in unilateral reflexes. Others cross in the anterior white commissure and are *commissural fibers* concerned in crossed reflexes. Afferent impulses may be transmitted along the cord in either direction by the branches of the dorsal root fibers; or by means of synapses in the gray matter they may be transferred

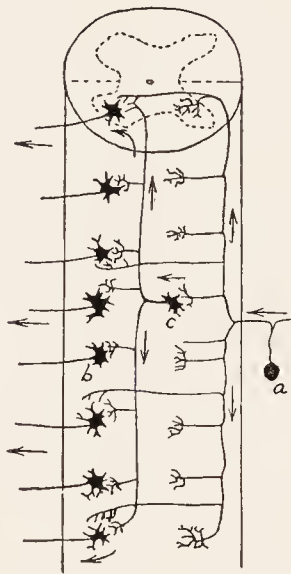


Fig. 82.—Diagram of the spinal cord, showing the elements concerned in a diffuse unilateral reflex: *a*, Spinal ganglion cell giving origin to a dorsal root fiber, one branch of which enters the cord and divides into an ascending and a descending branch; *b*, motor cell in anterior column; *c*, association neuron with axon in the lateral fasciculus proprius (Cajal).

to the long association and commissural fibers and conveyed to the primary motor neurons of the same or opposite side in more or less distant segments. The course of a nerve impulse in a unilateral intersegmental reflex is indicated on the left side of Fig. 83, while on the right side of the same figure are shown the elements concerned in crossed reflexes.

The observations of Coghill (1913 and 1914) and of Herrick and Coghill (1915) tend to show that the simple form of reflex arc illustrated in Fig. 34 is not the primitive type. In larval *Amblystoma* the first arcs to become functionally mature are composed of chains of many neurons, so arranged that every effective cutaneous stimulus elicits the same complex response of the entire somatic musculature, *i. e.*, the swimming movement. It is of particular interest to note that in this primitive reflex mechanism the sensory root fibers arise from giant cells located within the spinal cord and that the motor root fibers are collaterals from a central motor tract. In adult *Amblystoma* these sensory and motor elements are replaced by the usual type of primary sensory and motor neurons. The primitive reflex system characteristic of larval *Amblystoma* is not found in mammals. In the cat

embryo it has been shown that individual reflexes can be elicited before mass responses, and the time of first appearance of these reflexes coincides with that of the completion of

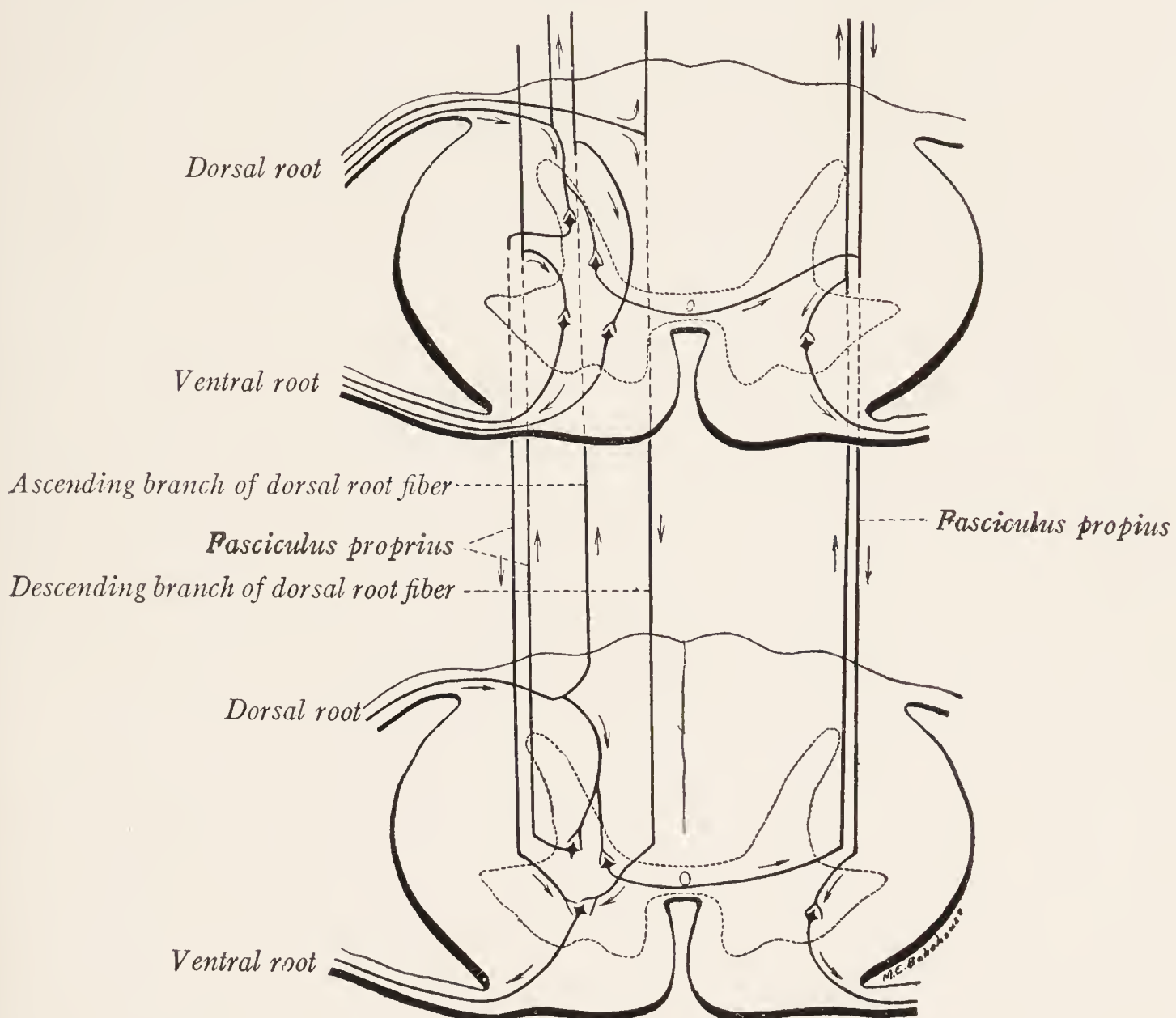


Fig. 83.—Diagram of the spinal cord, showing fibers of the fasciculi proprii and other elements concerned in intersegmental reflexes.

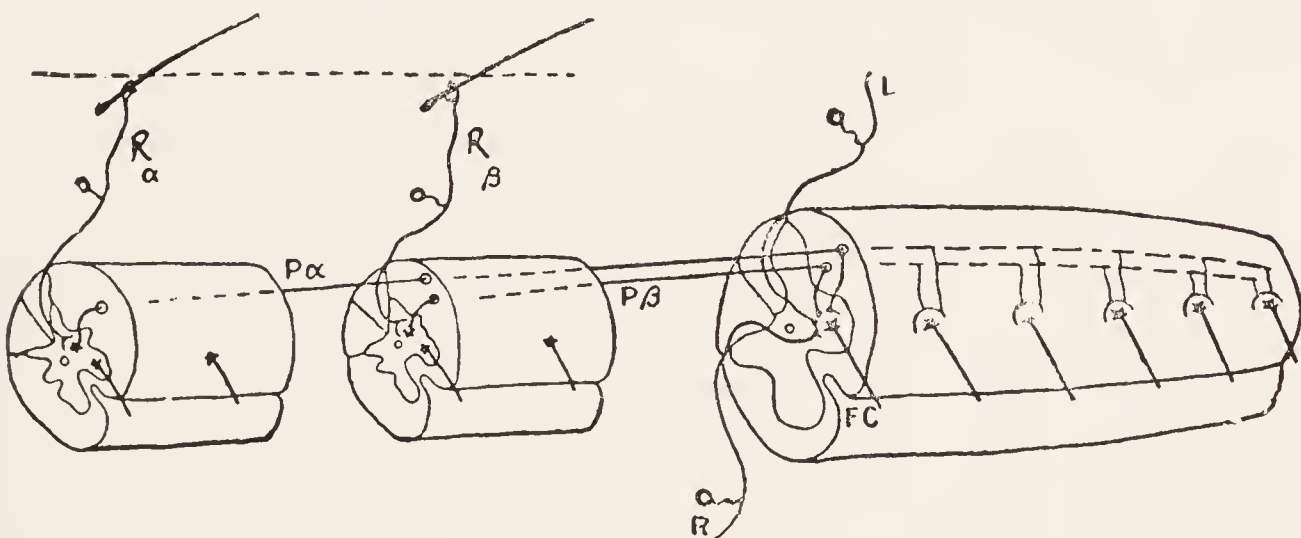


Fig. 84.—Diagram of the spinal arcs involved in the scratch-reflex:  $R_\alpha$  and  $R_\beta$ , Receptive paths from hairs in the dorsal skin of left side;  $P_\alpha$  and  $P_\beta$ , association neurons;  $FC$ , motor fibers of ventral root. (Sherrington.)

the reflex arcs through the development of collaterals from the dorsal root fibers. (Windle, O'Donnell and Glasshagel, 1933; Windle, 1934, 1940.)

We may mention as an example of a reflex arc involving many segments of the cord the "scratch-reflex" of the dog, which has been very carefully investi-



gated by Sherrington (1906). If, some time after transection of the spinal cord in the low cervical region, the skin covering the dorsal aspect of the thorax be stimulated by pulling lightly on a hair, the hind limb of the corresponding side begins a series of rhythmic scratching movements. By degeneration experiments it was shown that this reflex arc probably includes the following elements: (1) a primary sensory neuron from the skin to the spinal gray matter of the corresponding neural segment; (2) a long descending association neuron from the shoulder to the leg segments, and (3) a primary motor neuron to a flexor muscle of the leg (Fig. 84).

A **primary motor neuron** seldom, if ever, belongs exclusively to one arc, but serves as the final channel to which many streams converge. Its perikaryon gives off wide-spread dendritic processes, through which it comes into relation with the ramifications of axons from many different sources. In this way impulses reach it from the dorsal roots, and from the fasciculi proprii of the spinal cord, as well as from a number of tracts which descend into the spinal cord from centers in the brain (the corticospinal, rubrospinal, tectospinal, and vestibulospinal tracts). The primary motor neuron is, as Sherrington has said, "*the final common path.*"

## CHAPTER VIII

### FIBER TRACTS OF THE SPINAL CORD

THE fibers composing the white substance of the spinal cord are not scattered and intermingled at random, but, on the contrary, those of a given function are grouped together in more or less definite bundles. A bundle of fibers all of which have the same origin, termination, and function is known as a *fiber tract*. The *funiculi* of the spinal cord are composed of many such tracts of longitudinal fibers, which, while occupying fairly definite areas, blend more or less with each other, in the sense that there is considerable intermingling of the fibers of adjacent tracts. It is convenient to have a name for certain obvious subdivisions of the funiculi which contain fibers belonging to more than one tract. Such a mixed bundle is properly called a *fasciculus*.

#### THE INTRAMEDULLARY COURSE OF THE DORSAL ROOT FIBERS

The central end of a dorsal root breaks up into many rootlets or filaments (*fila radicularia*), which enter the spinal cord in linear order along the line of the posterior lateral sulcus. As it enters the cord each filament can be seen to separate into a larger medial and a much smaller lateral division. The fibers of the *medial division* are of relatively large caliber and run over the tip of the posterior column into the posterior funiculus (Fig. 87). Those of the *lateral division* are fine and enter a small fascicle which lies along the apex of the posterior column, the *fasciculus dorsolateralis* or tract of Lissauer. Very soon after its entrance into the cord each dorsal root fiber divides in the manner of a Y into a longer ascending and a shorter descending branch (Fig. 85).

The **ascending branches of the fibers of the medial division** of the dorsal root run for considerable but varying distances in the posterior funiculus; some from each root reach the medulla oblongata, others terminate at different levels in the gray matter of the spinal cord. At the level of their entry into the cord these fibers occupy the lateral portion of the *posterior funiculus*; but in their course cephalad, as each successive root adds its quota, those from the more caudal roots are displaced medianward. In this way the longer fibers come to occupy the medial portion of the posterior funiculus (Fig. 86). In the cervical and upper thoracic regions the long ascending fibers from the sacral, lumbar, and lower thoracic roots constitute a well-defined medially placed bundle, the *fasciculus gracilis*, separated from the rest of the posterior funiculus called the *fasciculus cuneatus*, by the posterior intermediate septum. Those of the long ascending fibers, which finally reach the brain, terminate in gray masses in the posterior funiculi of the medulla oblongata (nucleus of the funiculus gracilis and nucleus of the funiculus



cuneatus). Since the number of these long ascending branches must increase from below upward it is easy to understand the progressive increase in size of the posterior funiculus from the sacral to the cervical region (Fig. 75). The fasciculus cuneatus and fasciculus gracilis are not recognizable as separate parts of the posterior funiculus below the level of the sixth thoracic segment.

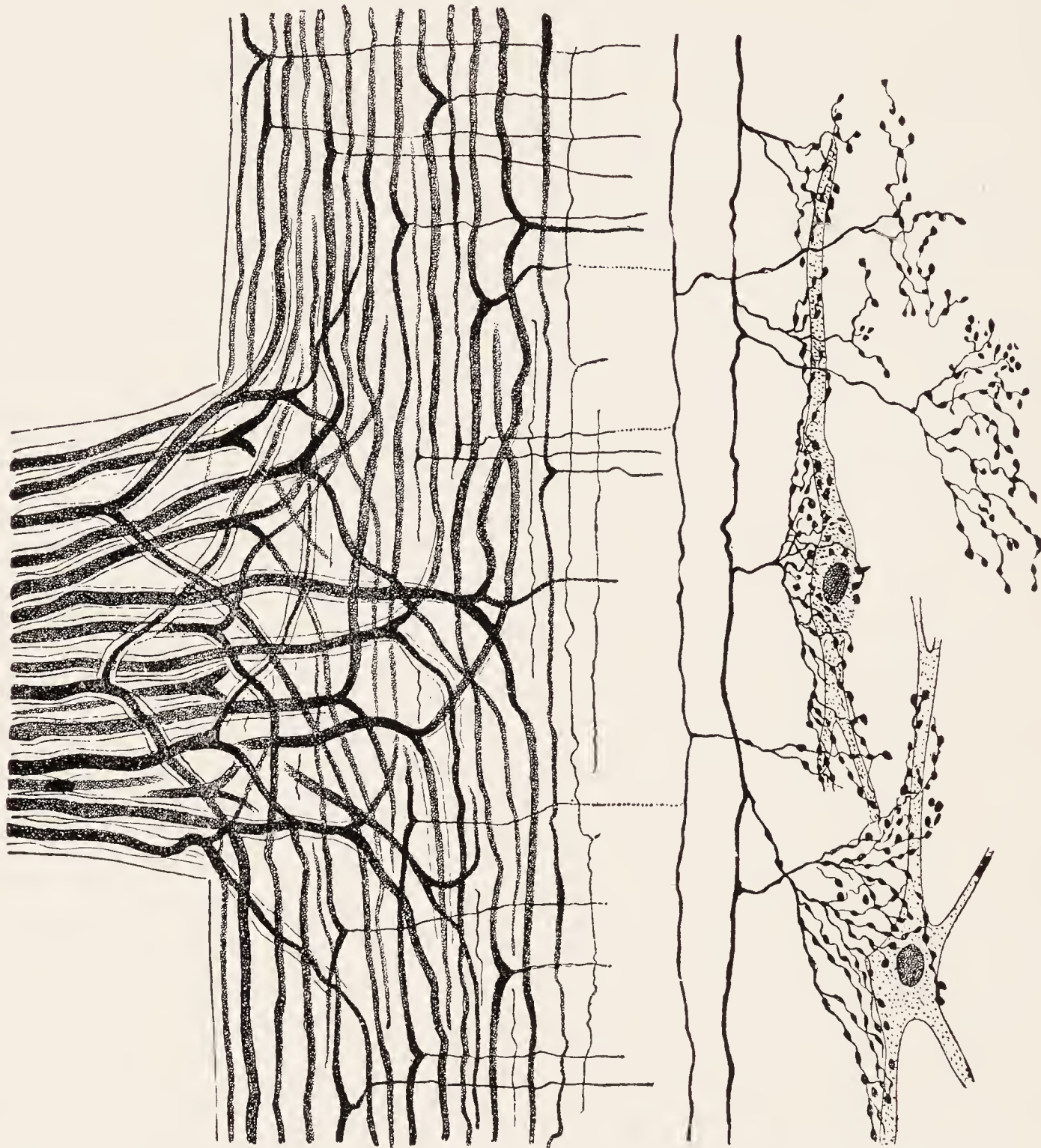


Fig. 85.—Bifurcation of the dorsal root fibers within the spinal cord into ascending and descending branches, which in turn give off collaterals; the termination of some of these collaterals in synaptic relation to cells of the posterior gray column. (Cajal, Edinger.)

The descending branches of the fibers of the medial division of the dorsal root are all relatively short. The shortest terminate at once in the gray matter of the posterior column. Others descend in the *fasciculus interfascicularis*, or comma tract of Schultze, which is situated between the fasciculus gracilis and the fasciculus cuneatus; and still others run near the posterior median septum in the *septomarginal fasciculus* (Figs. 91, 93). In both of these fascicles they are intermingled with descending fibers, arising from cells within the gray matter of the spinal cord.

**Collaterals.**—At intervals along both ascending and descending branches collaterals are given off which run ventrally to end in the gray matter (Fig. 85). They are much finer than the fibers from which they arise, and the total number arising from a given fiber is rather large. Some of them end in the ventral gray column; others, in the posterior gray column, including the substantia gelatinosa and the nucleus dorsalis; still others run through the dorsal commissure to the opposite side of the cord, where they appear to end in the posterior columns (Fig. 87). In Fig. 85 there are illustrated the arborizations formed by some of these collaterals about cells of the posterior column.

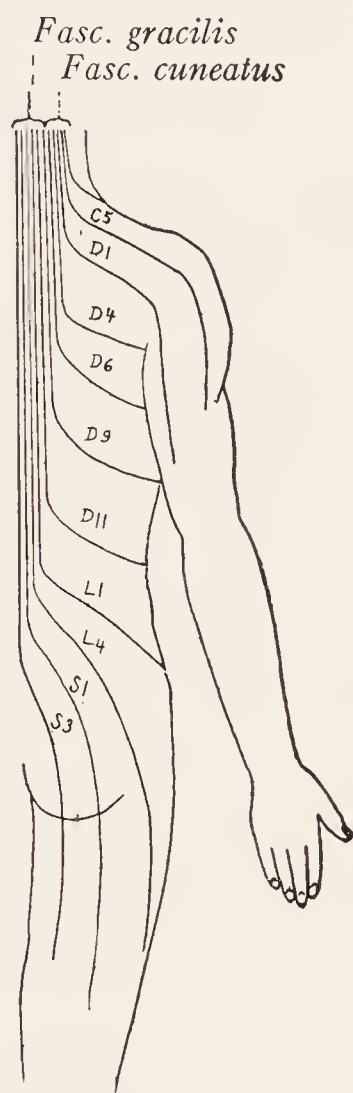


Fig. 86.—Diagram to illustrate the arrangement of the ascending branches of the dorsal root fibers within the posterior funiculus of the spinal cord.

The *terminals* of the descending branches and of those ascending branches, which do not reach the brain, end as do the collaterals within the gray matter of the spinal cord.

The **fibers of the lateral division** of the dorsal root are all very fine. The majority are unmyelinated and can be recognized only in preparations in which the axons are stained. A good account of their appearance in Golgi preparations has been given by Barker (1899). In Weigert preparations one must look carefully to find the fine myelinated fibers contained in this division. But in pyridine-silver preparations great numbers of delicate axons can be seen to turn lateralward as the root filament enters the cord. These constitute the lateral division of the root and enter the *dorsolateral fasciculus* or tract of Lissauer (Fig. 87).



The medial division, on the other hand, consists exclusively or almost exclusively of myelinated fibers and all of the large fibers from the root enter it. The fibers of the lateral division of the root divide into ascending and descending branches, both of which, however, are very short. The ascending branch, which is the longer of the two, does not extend more than the length of one or two segments in the long axis of the cord (Ranson, 1913, 1914).

The **dorsolateral fasciculus**, or tract of Lissauer, lies between the apex of the posterior column and the periphery of the cord, and varies greatly in shape and size at the different levels (Figs. 70–73). It is composed of unmyelinated

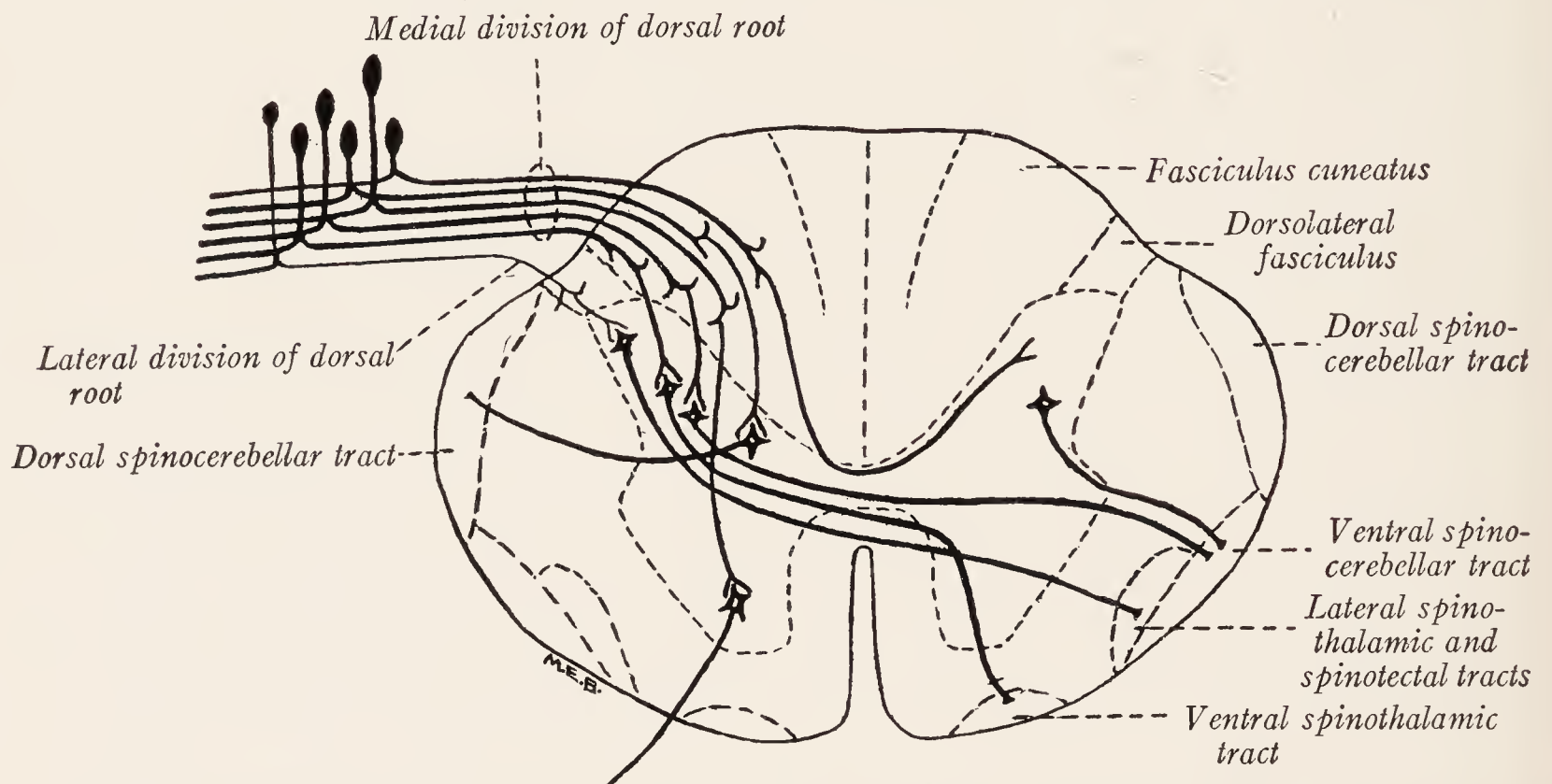


Fig. 87.—Diagram of the spinal cord and dorsal root, showing the divisions of the dorsal root the collaterals of the dorsal root fibers, and some of the connections which are established by them.

and fine myelinated fibers, which are derived in part from the lateral division of the dorsal root and in part arise from cells in the neighboring gray matter (Fig. 78).

#### AFFERENT PATHS IN THE SPINAL CORD

We have been at some pains to make clear the course and distribution of the dorsal root fibers within the spinal cord because all afferent impulses which reach the cord are carried by them. Interoceptive fibers from the viscera, proprioceptive fibers from the muscles, tendons, and joints, as well as exteroceptive fibers from the skin are included in these roots; and among the latter group are several subvarieties, mediating the afferent impulses out of which the sensations of touch, heat, cold, and pain are elaborated. We may now consider how the fibers of the different functional varieties are distributed in the spinal cord.

The **proprioceptive fibers**, which terminate at the periphery in neuromuscular and neurotendinous spindles and in Pacinian corpuscles, are known to be myelinated. They must, therefore, pass through the well myelinated medial

division of the dorsal root into the posterior funiculus. As shown by Brown-Séquard in 1847 by a study of patients with unilateral lesions of the spinal cord, sensations from the muscles, joints, and tendons reach the brain without undergoing a crossing in the spinal cord. This and other evidence point unmistakably to the long ascending branches of the dorsal root fibers, which are continued uncrossed in the posterior funiculus to the medulla oblongata, as the conductors of this type of sensation. When these fibers are destroyed by a tumor or other lesion confined to the posterior funiculus, muscular sensibility and the recognition of posture are abolished, while touch, pain, and temperature sensations remain intact.

No better exposition of the *proprioceptive functions* could be furnished than by describing the sensory deficiencies found in cases of tabes dorsalis or locomotor ataxia, a disease in which there is degeneration of the posterior funiculi. Lying in bed, with eyes closed, a tabetic may not be able to say in what position his foot has been placed by an attendant because afferent impulses from the muscles, joints, and tendons fail to reach the cerebral cortex and arouse sensations of posture. Not only are the sensations of this variety lacking, but the unconscious reflex motor adjustments initiated by proprioceptive afferent impulses are also impaired. Standing with feet together and eyes closed, the patient loses his balance and sways from side to side. In walking his gait is uncertain and the movements of his limbs poorly coordinated. All of this motor incoordination is explained by a loss of the controlling afferent impulses from the muscles, joints, and tendons.

Some of the fibers which ascend in the posterior funiculus to reach the nucleus gracilis and cuneatus convey a peculiar form of sensation, a sense of vibration such as is produced by the handle of a tuning-fork resting upon subcutaneous bone. Sensitiveness to vibration is lost along with muscle sense in degeneration of the posterior funiculus.

The long ascending fibers of the posterior funiculus, which reach the brain and end in the nucleus gracilis and cuneatus, are for the most part proprioceptive in function (Fig. 255). The connections which they make there can best be considered in another chapter. Collaterals and many terminal branches end in the gray matter of the cord, entering into *synaptic relations with the neurons of the spinocerebellar paths* and with neurons belonging to spinal reflex arcs.

**Proprioceptive Paths to the Cerebellum.**—The spinocerebellar tracts are concerned with the transmission to the cerebellum of afferent impulses from the muscles, joints, and tendons, which remain, however, at a subconscious level. We may, therefore, appropriately consider these paths at this time.

The **dorsal spinocerebellar tract** (fasciculus spinocerebellaris dorsalis, direct cerebellar tract of Flechsig, fasciculus cerebellospinalis) is a well-defined bundle at the surface of the lateral funiculus just ventral to the posterior lateral sulcus (Figs. 87, 93). In cross-section it has the form of a flattened band, situated between the periphery of the cord and the lateral corticospinal tract. It begins



in the upper lumbar segments, is prominent in the thoracic and cervical portions of the cord and transmits impulses to the cerebellum from the muscles of the trunk and legs. It consists of uniformly large fibers, which take origin from the cells of the nucleus dorsalis of the same side and perhaps to a slight extent from those of the opposite side (Pass, 1933; Strong, 1936). This nucleus forms a prominent feature of the sections through the thoracic portion of the cord, but is not found above the eighth cervical nor below the second lumbar segments. A conspicuous bundle of myelinated collaterals from fibers of the fasciculus cuneatus run to this nucleus where their arborizations form baskets about the individual cells of the nucleus. *The fibers arising from the cells of the nucleus dorsalis run to the periphery of the lateral funiculus, where they turn rostrally and form the dorsal spinocerebellar tract.* We will follow this tract into the brain in a later chapter. Here we need only say that it reaches the cerebellum by way of the restiform body (Fig. 255).

The **ventral spinocerebellar tract** constitutes the more superficial portion of a large ascending bundle of fibers, known as the fasciculus anterolateralis superficialis or Gowers' tract, which also includes the spinotectal and lateral spinothalamic tracts (Fig. 87). It is situated at the periphery of the lateral funiculus ventral to the tract we have just considered. It is said to consist of *fibers which arise from the cells of the posterior gray column and intermediate gray matter of the same and the opposite side.* In a subsequent chapter we shall trace these fibers by the way of the medulla, pons, and anterior medullary velum to the cerebellum (Fig. 255).

From what has been presented above it will be apparent that collaterals and terminal branches of proprioceptive dorsal root fibers enter into synaptic relations with certain intraspinal neurons, the axons of which run to the cerebellum by way of the ventral and dorsal spinocerebellar tracts. The entire path from periphery to cerebellum, therefore, consists of two neurons with a synaptic interruption in the gray matter.

The **spino-olivary tract** is composed of ascending fibers running from the spinal cord to the inferior olivary nucleus of the medulla oblongata. They are intermingled with the olivospinal or bulbospinal fibers which run in the opposite direction.

**Interoceptive fibers** are present in the thoracic and upper lumbar dorsal roots, but are either absent or very few in number in the others. We know very little about their intraspinal course in mammals.

**Exteroceptive fibers** carry cutaneous afferent impulses from the skin to the spinal cord. Many of the impulses which enter the cord over these fibers expend themselves at various levels of the spinal cord and brain stem in unconscious regulation of muscular activity, for example, those impulses which ascend in the spinotectal tract.

The **spinotectal tract** consists of fibers which arise from cells in the posterior gray column, and which, after crossing, ascend in the lateral funiculus in company

with those of the lateral spinothalamic tract to end in the roof (tectum) of the mesencephalon (Fig. 93).

**Exteroceptive Sensations.**—There is good reason for believing that there are separate fibers for each of the four modalities of cutaneous sensation: touch, warmth, cold, and pain. In the spinal nerves these fibers are intermingled so that an injury to such a nerve usually affects all four modalities simultaneously; but in the spinal cord there is a segregation of the sensory pathways. The *sensory dissociation*, characteristic of syringomyelia, gives information concerning the course of the sensory pathways within the spinal cord. In this disease, cavity formation begins in the region of the central canal and soon destroys the commissures. There results a loss of pain and temperature sensations in the corresponding segments of the body with unimpaired tactile sensibility. The root

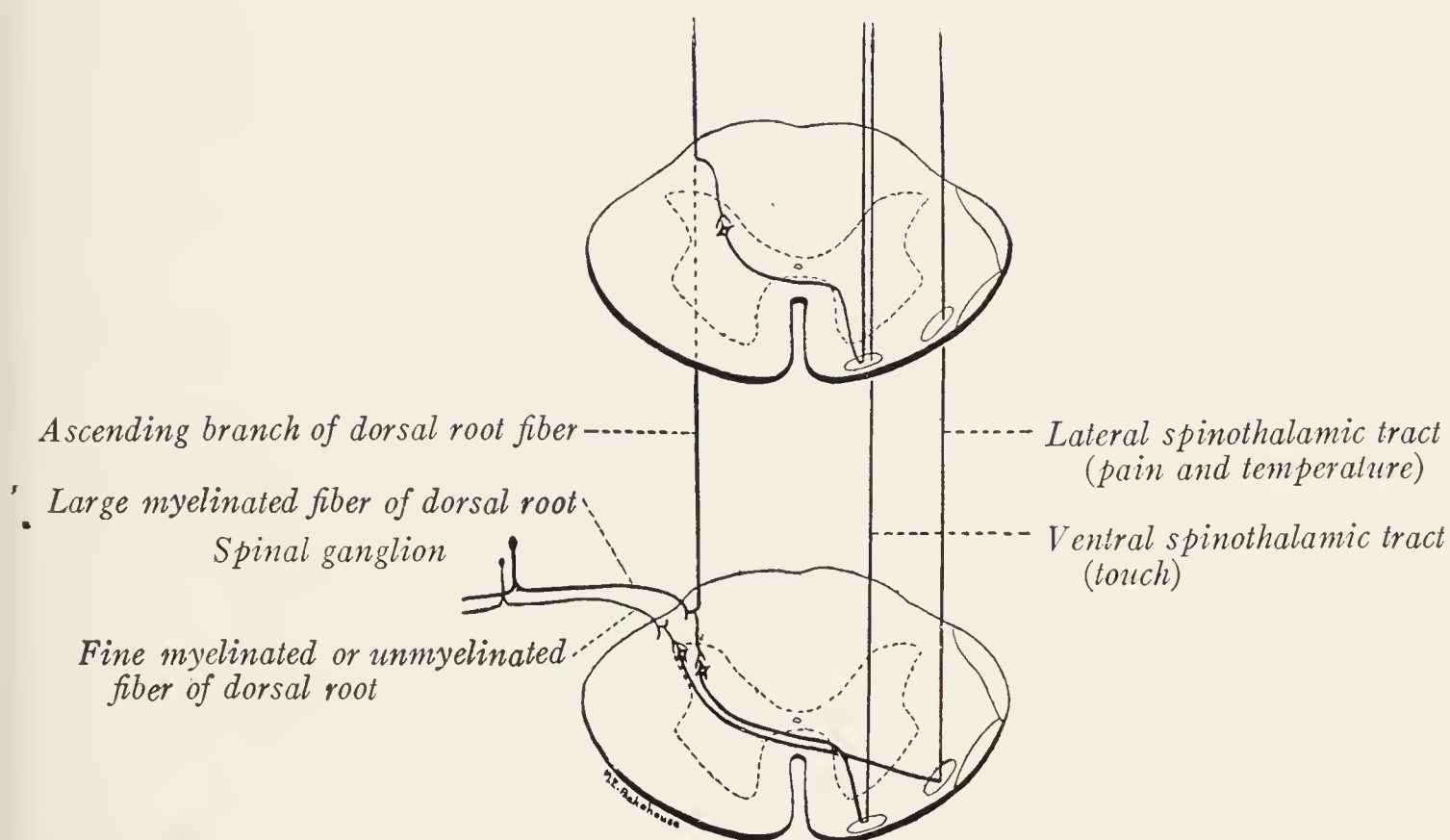


Fig. 88.—Exteroceptive pathways in the spinal cord.

fibers mediating pain and temperature sensations soon end in the gray matter; and the sensory fibers of the second order promptly cross the midline in the anterior commissure (Fig. 88). They are destroyed in syringomyelia. The touch fibers ascend for some distance in the posterior funiculus of the same side. As these fibers ascend they give off collaterals to the gray matter of the successive levels of the spinal cord through which they pass. The tactile impulses from a given root, therefore, do not enter the gray matter all at once, but filter forward through the collaterals and terminals of these dorsal root fibers to reach the posterior gray column in a considerable number of segments above that at which the root enters the cord. Within the posterior gray column at these successive levels the terminals and collaterals of the tactile fibers establish synaptic connections with neurons of the second order. The axons of these neurons form the ventral spinothalamic tract of the opposite side (Fig. 88). If the tactile fibers



of the second order are destroyed in the anterior commissure at one level they are likely to be intact at another level so that tactile impulses can get past the lesion in syringomyelia. Muscle sensibility is not involved because the fibers concerned extend up the posterior funiculus without crossing.

The **ventral spinothalamic tract** is an ascending bundle of fibers found in the anterior funiculus. It *mediates tactile sensibility and consists of fibers which take origin from cells in the posterior column of the opposite side, cross the median plane in the anterior white commissure, and ascend in the ventral funiculus to end within the thalamus* (Figs. 88, 250). It is possible that many of the fibers do not reach the thalamus directly, but terminate in the gray matter of the cord and medulla oblongata in relation to other neurons, whose axons continue the course to the thalamus. If this be so the path consists in part of relays of shorter neurons (Dejerine, 1914).

The uncrossed path in the posterior funiculus for tactile impulses, entering the cord through any given dorsal root, overlaps by many segments the crossed path in the ventral funiculus (Fig. 250). Some of the uncrossed fibers even reach the nuclei of the funiculus gracilis and funiculus cuneatus in the medulla oblongata. This extensive overlapping of the crossed by the uncrossed path accounts for the fact that lateral hemisection of the human spinal cord rarely causes marked disturbance of tactile sensibility.

**The Lateral Spinothalamic Tract.**—It seems to be well established that the dorsal root fibers, which serve as pain conductors, terminate in the gray matter soon after entering the cord, and come into synaptic relations with neurons of the second order, whose axons run in the lateral spinothalamic tract. *From cells in the posterior column fibers arise, which in man cross to the opposite side of the cord in the anterior white commissure and ascend in the lateral spinothalamic tract to end in the thalamus* (Figs. 88, 251). This is a tract of ascending fibers situated in the lateral funiculus under cover of the ventral spinocerebellar tract. Together with the spinotectal and ventral spinocerebellar tracts it forms the fasciculus anterolateralis superficialis (of Gowers). *It mediates pain and temperature sensations.*

**The Conduction of Sensations of Pain, of Heat, and of Cold.**—The small myelinated fibers, which convey thermal sensibility, and the fine myelinated and unmyelinated fibers, which convey pain, enter the spinal cord through the lateral division of the dorsal root and end in the substantia gelatinosa Rolandi. It is well established on the basis of clinical observations that the paths for sensations of heat and cold follow closely those for pain. They pass through the gray matter within two segments after entering the cord, cross to the opposite side, and ascend in the lateral spinothalamic tract. According to May (1906) "it is clear that there are distinct and separate paths for the impulses of pain, of heat, or of cold in the spinal cord, and that these different and specific qualities of sensation may be dissociated in an affection of the spinal cord." That is, one of these forms of sensibility may be lost, although the other two are retained.



"But as these paths are anatomically very closely associated from origin to termination these three forms of sensation are usually affected to a like degree."

Section of the fasciculus anterolateralis superficialis or Gowers' tract for the relief of intractable pain is now a well recognized surgical procedure and is effective because this fasciculus contains the lateral spinothalamic tract. When the section is made on one side only, there is analgesia of the opposite side of the body up to the caudal level of the first segment below the lesion. This analgesia involves the skin, muscles, fasciae, tendons and bones but not the viscera. Bilateral section is required to abolish visceral pain. A careful study of patients on whom this operation has been performed has shown that in the lateral spinothalamic tract the fibers mediating temperature sensation lie dorsal to those for pain. There is also a lamination of the fibers according to their segmental origin. As it ascends in the spinal cord the tract increases in size by the addition of fibers to its ventromedial border. The fibers from the sacral segments continue to occupy a relatively superficial position. Superficial involvement of the lateral funiculus at any level of the cord is, therefore, likely to produce sensory disturbances limited to the regions supplied by the sacral nerves (Foerster and Gagel, 1932).

Not all of the fibers of the lateral spinothalamic tract reach the thalamus. According to May (1906), "Some of these fibers certainly pass directly to the thalamus, while others terminate in the intermediate gray matter, and thus, by means of a series of short chains, afford secondary paths to the same end station, which may supplement the direct path, or be made available after interruption of the direct path." It has been shown in many cases in man and animals that, after a complete hemisection of the spinal cord, the loss of sensibility to pain on the opposite side of the body below the lesion was only temporary. In time there may occur a more or less perfect restoration of pain conduction, showing that the homolateral side of the cord is able to supplement or replace the heterolateral path. These short chains, which are of secondary importance in man, are much better developed in the cat. In this animal pain conduction through the spinal cord is bilateral and is effected to a large extent through a series of short relays. (Karplus and Kreidl, 1914; Ranson and Billingsley, 1916.) An excellent account of sensation in patients with spinal cord lesions is given by Foerster (1936). This includes details and minor qualifications which would be out of place in this brief text.

Evidence has been presented which points toward the fine myelinated and unmyelinated fibers of the spinal nerves and dorsal roots as the pain fibers (Ranson, 1931). Space does not permit a detailed presentation of the evidence here. It should be noted, however, that the delicate fibers of the lateral division of the dorsal root terminate in the gray matter soon after their entrance into the spinal cord, and in this respect correspond to the known course of the fibers carrying painful impulses. The problem can be approached from the experimental standpoint. The seventh lumbar dorsal root of the cat was found to be especially adapted for such a test. This root as it approaches the cord breaks up into a number of filaments which spread out in a longitudinal direction and enter the cord along the posterolateral sulcus. Within each root filament, as it approaches this sulcus, the unmyelinated separate out from among the myelinated fibers and take up a position around the circumference of the filament and along septa that divide it into smaller bundles. As the root enters the cord, these unmyelinated fibers turn laterally into the dorsolateral fasciculus, constituting together with some fine myelinated fibers the lateral division of the root (Fig. 89). A slight cut in the direction of the arrow, which as shown by subsequent microscopic



examination divided the lateral without injury to the medial division of the root, at once eliminated the pain reflexes obtainable from this root in the anesthetized cat, such as struggling, acceleration of respiration, and rise of blood-pressure. On the other hand, a long deep cut in the plane indicated by *B*, Fig. 89, which severed the medial division of the root as it entered the cord, had little or no effect on the pain reflexes. This series of experiments, the details of which are given elsewhere (Ranson and Billingsley, 1916), furnishes strong evidence that painful afferent impulses are carried by the fibers of the lateral division of the dorsal root. Convincing physiologic evidence that pain is mediated by unmyelinated as well as fine myelinated fibers of the spinal nerves has been furnished by Gasser (1935).

**Summary of the Sensory Pathways.**—From what has been said above it will be apparent that the paths, mediating pain and temperature sensibility, cross promptly to the opposite side of the cord and ascend in the lateral spinothalamic

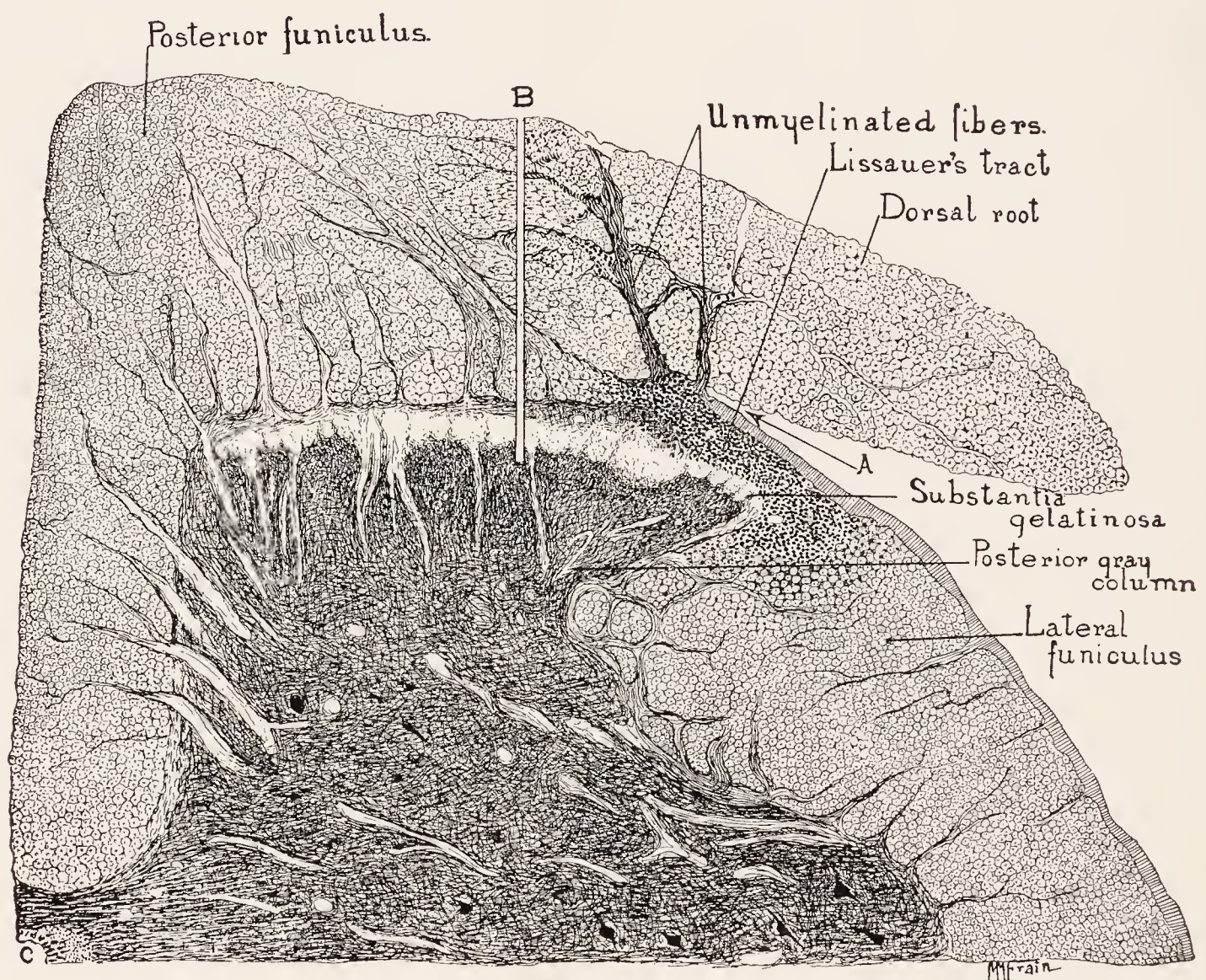


Fig. 89.—From a section of the seventh lumbar segment of the spinal cord of the cat, showing the unmyelinated fibers of the dorsal root entering the tract of Lissauer.

tract. The path for touch crosses more gradually into the ventral spinothalamic tract of the opposite side, the uncrossed path in the posterior funiculus overlapping by many segments the crossed path in the ventral funiculus. The sensory impulses from the muscles, joints, and tendons, as well as some elements of tactile sensibility, are carried upward on the same side of the cord by the long ascending branches of the dorsal root fibers, which terminate in the nuclei of the funiculus gracilis and the funiculus cuneatus. The connections established



within the brain by the fibers of these various paths cannot profitably be discussed at this point, but will be considered in Chapter XX.

**Referred Pain.**—Pain caused by visceral disease is often felt on the surface of the body. The surface area to which the pain is referred lies within the dermatomes associated with the cord segments which receive sensory fibers from the diseased viscus. The outlines of such painful areas are determined by the arrangement of the dermatomes and not by the distribution of the peripheral nerves. The explanation appears to be that the receptive mechanisms within the spinal cord for visceral and somatic pain are closely associated so that impulses arising in the viscera may find their way into the ascending path for somatic pain. The surface area to which the pain is referred may be tender and painful when touched. It seems evident that the spinal receptive mechanism within the segment or segments, corresponding to the dermatomes involved, is activated by the stream of painful impulses from the viscera and for this reason has a lower threshold for impulses from the skin. This involves the assumption “that both somatic and visceral afferent fibers carry impulses which affect a common pool of secondary neurons” (Hinsey and Phillips, 1940). This explanation of referred pain has been the favored one for many years and still appears to be valid.

ASCENDING AND DESCENDING DEGENERATION OF THE SPINAL CORD

When as a result of an injury a nerve-fiber is divided, that part which is severed from its cell of origin degenerates, while the part still connected with

TABLE SHOWING THE LOCATION OF THE CHIEF FIBER TRACTS OF THE SPINAL CORD AND THE DIRECTION IN WHICH THEY DEGENERATE

	Ascending degeneration.	Descending degeneration.
Anterior funiculus	Ventral spinothalamic tract	Ventral corticospinal tract, Vestibulospinal tract, Tectospinal tract
Lateral funiculus	Dorsal spinocerebellar tract, Ventral spinocerebellar tract, Lateral spinothalamic tract, Spinotectal tract	Lateral corticospinal tract, Rubrospinal tract, Bulbospinal tract
Posterior funiculus	Ascending branches of the dorsal root fibers	Fasciculus interfascicularis, Septomarginal tract

that cell usually remains intact. This is known as Wallerian degeneration, and, as will be readily understood, gives valuable information concerning the course of the fiber tracts. In case of a complete transection of the spinal cord all the ascending fibers whose cells are located below the cut will degenerate in the segments above; while those descending fibers whose cells of origin are located



above will degenerate below the lesion (Fig. 90). Injury to the dorsal roots proximal to the spinal ganglia causes a degeneration of the dorsal root fibers throughout their length in the spinal cord. Brain injuries may, according to their location, result in the degeneration of one or more of the tracts which descend into the spinal cord from above.

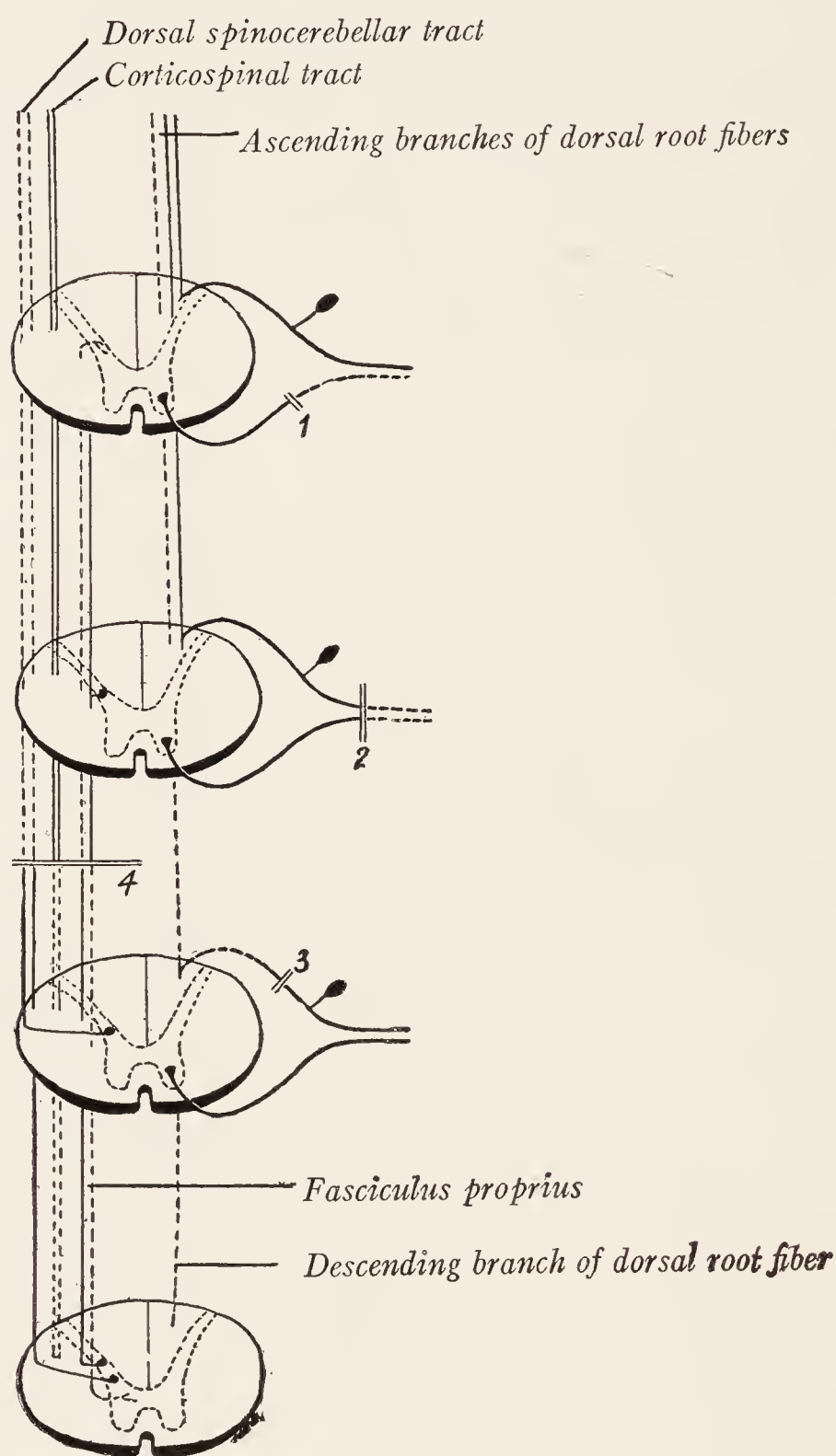


Fig. 90.—Diagram of the spinal cord to illustrate the principle of Wallerian degeneration. The broken lines represent the degeneration resulting from—1, section of the ventral root; 2, section of the spinal nerve distal to the spinal ganglion; 3, section of the dorsal root proximal to the spinal ganglion, and 4, a lesion in the lateral funiculus.

By the study of a great many cases of injury to the central nervous system in man and of experimentally produced lesions in animals a very considerable amount of information has been obtained concerning the fiber tracts of the spinal cord. This is summarized in the table (p. 113) and in Fig. 93.

The **fasciculi proprii** or ground bundles are composed of short ascending and descending fibers, which arise and terminate within the gray matter of the

spinal cord and link together its various segments. These fascicles, one of which is present in each of the three funiculi, immediately surround the gray columns. After a transection of the spinal cord the fasciculi proprii undergo an incomplete degeneration for some distance both above and below the lesion (Figs. 90, 91). In cross-section the ground bundle of the *posterior funiculus* has the form of a narrow band upon the surface of the posterior column and posterior commissure, and was once called the cornucommissural bundle (Fig. 93). In addition to this fascicle there are in the posterior funiculus two other tracts which in part belong

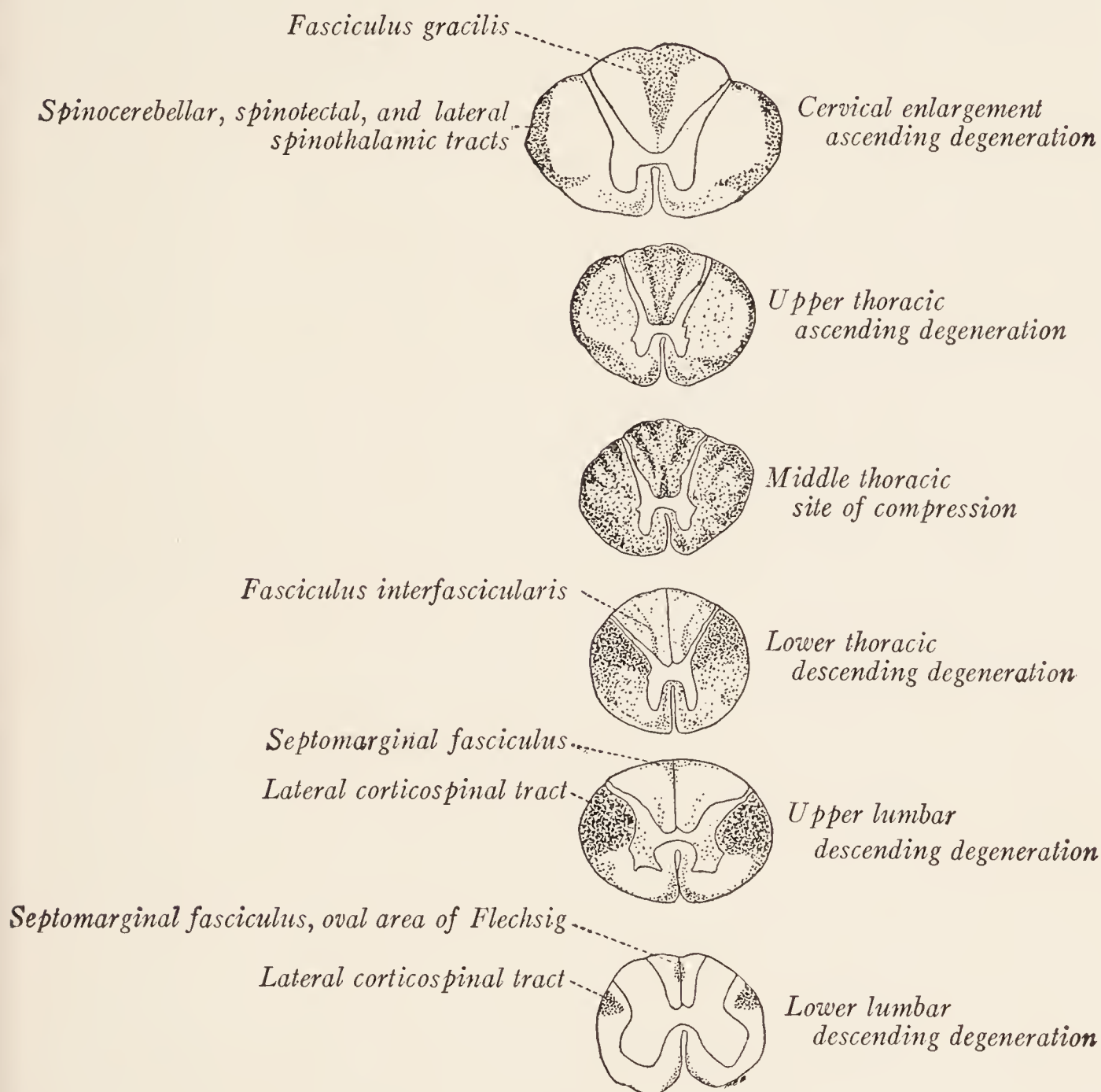


Fig. 91.—Ascending and descending degeneration resulting from a compression of the thoracic spinal cord in man. Marchi method. (Hoche.)

to the same system—the *septomarginal tract* and the *fasciculus interfascicularis*, or comma tract of Schultze. These are both composed of descending fibers, in part of intraspinal origin and in part representing the descending branches of the dorsal root fibers. The septomarginal tract is situated along the dorsal periphery of the posterior funiculus in the thoracic region; it takes up a position along the septum in the lumbar segments (oval area of Flechsig); and in the sacral region it forms a triangular field at the dorsomedial angle of the posterior funiculus (triangle of Gombault and Philippe) (Fig. 91). The fasciculus interfascicularis is best



developed in the thoracic segments, where it occupies a position near the center of the posterior funiculus.

In the *anterior funiculus*, in addition to the *fasciculus proprius* which immediately surrounds the gray matter, there is a thin layer of similar fibers spread out along the border of the anterior fissure and known as the *sulcomarginal fasciculus*. This contains also fibers which descend into the cord from the medial longitudinal bundle of the medulla oblongata.

As a general rule the short fibers of the fasciculus proprius lie nearer the gray substance than the fibers of greater length; and the long tracts, which connect the spinal cord with the brain, occupy the most peripheral position. But the fact must not be overlooked that many fibers of the fasciculus proprius are intermingled with those of the long tracts.

### LONG DESCENDING TRACTS OF THE SPINAL CORD

Fibers which arise from cells in various parts of the brain descend into the spinal cord, where they form several well-defined tracts. The most important

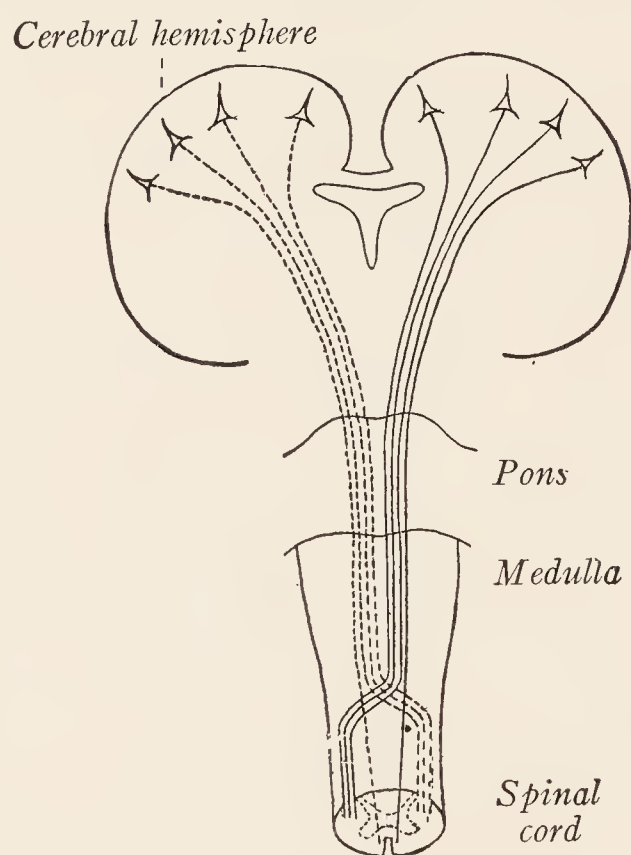


Fig. 92.—Diagram of the corticospinal tracts.

and most conspicuous of these are the cerebrospinal fasciculi, which are more properly called the *corticospinal tracts*. Their constituent fibers take origin from the large pyramidal cells of the precentral gyrus or motor region of the cerebral cortex and pass through the subjacent levels of the brain to reach the spinal cord (Fig. 92). Just before they enter the spinal cord they undergo an incomplete decussation in the medulla oblongata, giving rise to a ventral and a lateral corticospinal tract in each lateral half of the cord.

**The Lateral Corticospinal Tract** (Crossed Pyramidal Tract, Fasciculus Cerebrospinalis Lateralis).—The majority of the pyramidal fibers, after crossing the median plane in the decussation of the pyramids, enter the lateral fu-

niculus of the spinal cord as the lateral corticospinal tract, which occupies a position between the dorsal spinocerebellar tract and the lateral fasciculus proprius (Fig. 93). In the lumbar and sacral regions, below the origin of the dorsal spinocerebellar tract, the lateral corticospinal tract is more superficial. It can be traced as a distinct strand as far as the fourth sacral segment; and as it descends in the spinal cord it gradually decreases in size. Throughout its course in the spinal cord it gives off collateral and terminal fibers which end in the gray matter in synapses with the primary motor neurons or with neurons intercalated between the pyramidal endings and the motor neurons. A few fibers from the pyramid run without crossing into the lateral corticospinal tract of the same side (Fulton and Sheehan, 1935).

The **ventral corticospinal tract** (fasciculus cerebrospinalis anterior or direct pyramidal tract) is formed by those corticospinal fibers, which do not cross in

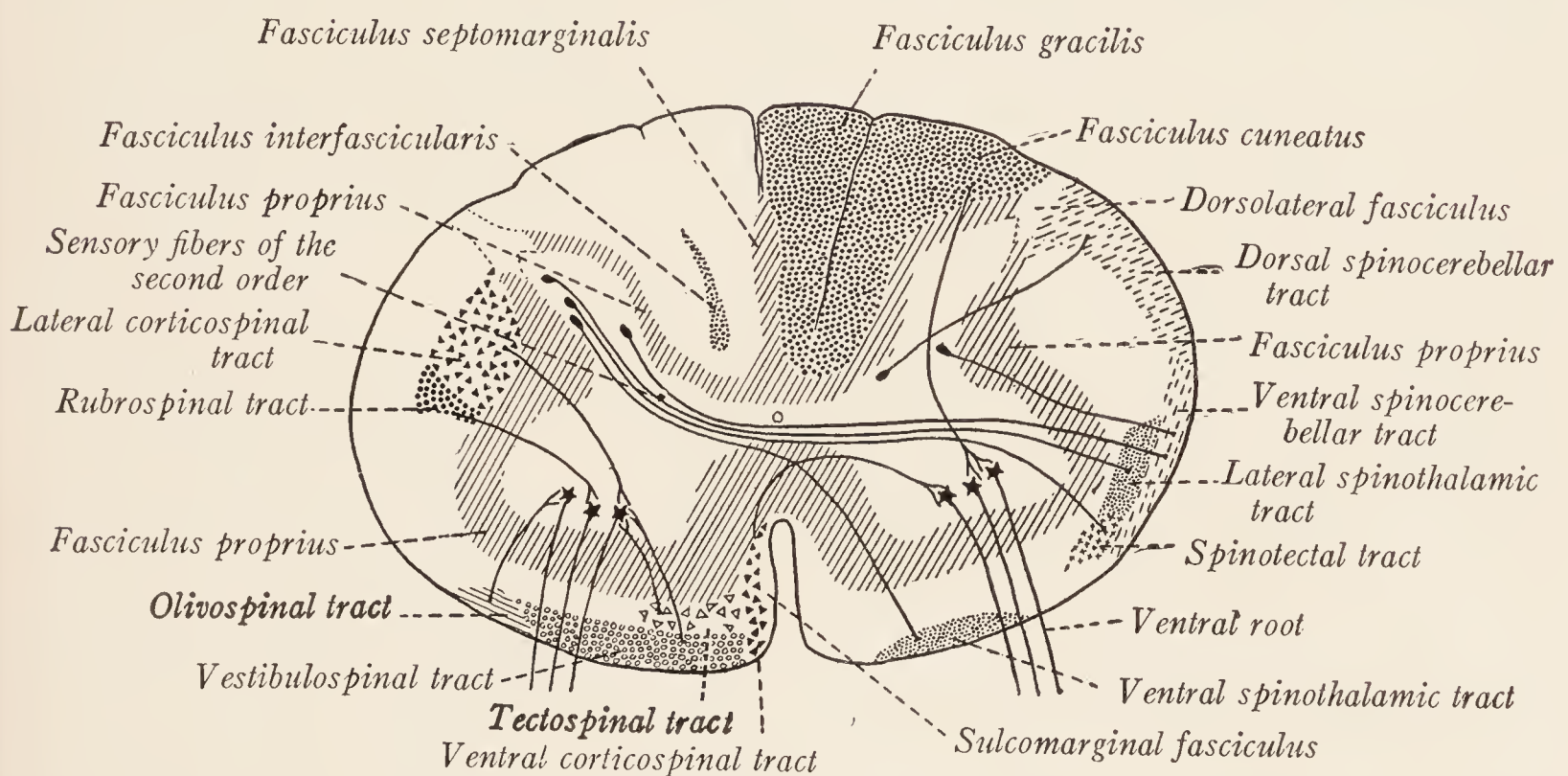


Fig. 93.—Diagram showing the location of the principal fiber tracts in the spinal cord of man. Ascending tracts on the right side, descending tracts on the left.

the medulla but pass directly into the ventral funiculus of the same side of the cord. They form a tract of small size, which lies near the anterior median fissure and which can be traced as a distinct strand as far as the middle of the thoracic region of the spinal cord. Just before terminating these fibers cross in the anterior white commissure. They end like those of the lateral corticospinal tract, either directly or through an intercalated neuron, in relation to the motor cells in the anterior column. Although the crossing of these fibers is delayed it will be apparent that the fibers of the ventral as well as of the lateral corticospinal tract arising in the right cerebral hemisphere terminate in the anterior column of the left side of the cord, and conversely, those from the left hemisphere end on the right side. It is along these fibers that impulses from the motor portion of the cerebral cortex reach the cord and bring the spinal motor apparatus under voluntary control.



It is not certain that all the fibers of the ventral corticospinal tract cross in the anterior white commissure (Lewandowsky, 1907). Some of them may end in the anterior gray column of the same side. Moreover there are some uncrossed fibers in the lateral corticospinal tract. This may explain the part which the homolateral hemisphere plays in the slight recovery of motor function which occurs in a paralyzed limb long after destruction of the opposite motor area. Hoff (1932) believes that corticospinal fibers terminate in both the anterior and the posterior columns. The corticospinal path is from the standpoint of phylogenesis a relatively new system and varies a great deal in different mammals. It is found in the ventral funiculus in the mole, while in the rat it occupies the posterior funiculus. In the mole it is almost completely unmyelinated, in the rat largely so. It contains many unmyelinated fibers in the cat, fewer in the monkey (Linowiecki, 1914). In man it does not become fully myelinated before the second year.

The **rubrospinal tract** (tract of Monakow) is situated near the center of the lateral funiculus just ventral to the lateral corticospinal tract (Fig. 93). Its fibers come from the red nucleus of the mesencephalon, cross the median plane, and descend into the spinal cord. While in most mammals it is one of the most conspicuous tracts in the cord, it is small in man; and its course in the human spinal cord has never been accurately traced (André-Thomas, 1936). Probably it ends, either directly or through an intercalated neuron, in relation to the primary motor cells of the anterior gray column.

**Other Descending Tracts.**—The *olivospinal tract* is a small bundle of fibers found in the cervical region near the surface of the lateral funiculus opposite the anterior column. The fibers arise from cells in the medulla oblongata, possibly in the inferior olivary nucleus, and end somewhere in the gray matter of the spinal cord. The exact origin and termination of the tract is unknown. The *tectospinal tract* is composed of fibers which take origin in the roof (tectum) of the mesencephalon, cross the median plane and descend into the anterior funiculus of the spinal cord, and end in the gray matter of the anterior column. The tract is concerned with optic and auditory reflexes. The *vestibulospinal tract*, also located in the anterior funiculus, arises from the lateral nucleus of the vestibular nerve in the medulla oblongata and conveys impulses concerned in the maintenance of tonus and equilibrium. Some of its fibers can be traced as far as the lower lumbar segments. They end in the gray matter of the anterior column. Fibers have been traced into the spinal cord from large cells of the reticular formation of the pons and medulla oblongata constituting the *reticulospinal tracts* (Papez, 1926).

The **outlines of the various tracts** given in Fig. 93 should not be taken too seriously. The spinotectal and the ventral and lateral spinothalamic tracts do not form well defined bundles. On the contrary, their fibers are widely scattered and intermingled with those of the fasciculus proprius. Exact information is not available about the rubrospinal, vestibulospinal and tectospinal tracts in man. Information obtained from experiments on animals cannot always be safely applied. A large and compact rubrospinal tract has been traced through the spinal cord in cats and other mammals; but the tract has never been demonstrated in man, although there is good reason to believe that a few rubrospinal fibers are

present (Stern, 1938). It is known that some of the fascicles and tracts undergo changes in size, shape and location at various levels of the human spinal cord as indicated in Figs. 94 and 95. The ventral corticospinal tract diminishes rapidly in size and usually ends in the mid-thoracic region. Since the dorsal spinocerebellar tract arises chiefly in the thoracic region, it is not present in the lumbar or sacral cord and here the lateral corticospinal tract occupies a superficial position.

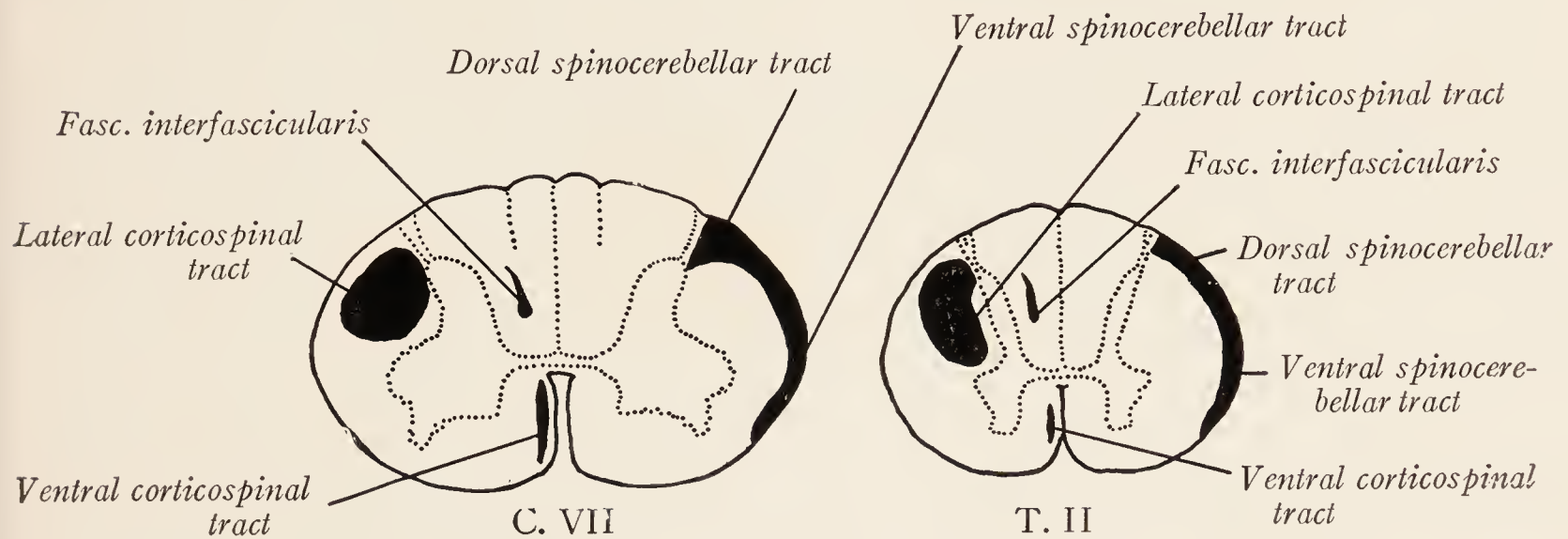


Fig. 94.

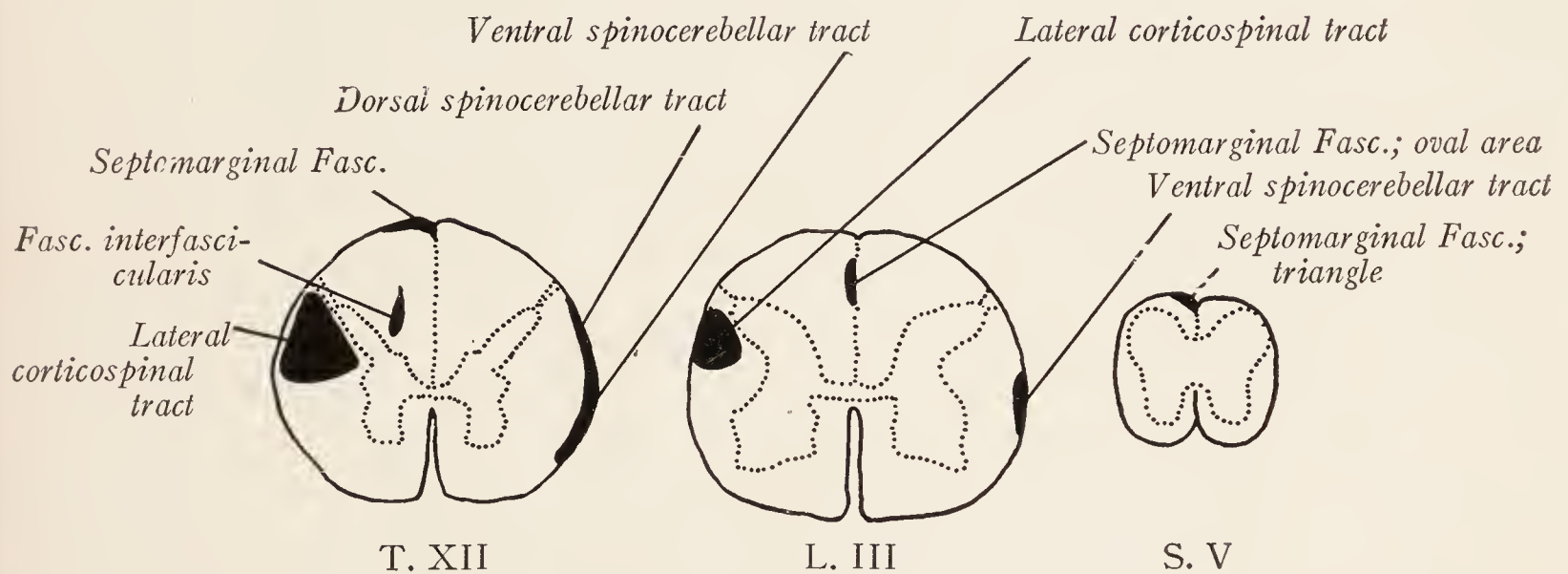


Fig. 95.

Figs. 94 and 95.—Diagrams showing the shape and location of certain fiber tracts at several levels of the human spinal cord. Ascending tracts on the right side, descending tracts on the left.

**Hemisection of the spinal cord** in man produces a characteristic symptom complex known as Brown-Séquard's syndrome, which the student is now in position to understand. Below the level of the lesion and on the same side there is found a paralysis of the muscles with a loss of sensation from the muscles, joints, and tendons; while on the opposite side of the body, beginning as a rule about one segment below the level of the lesion, there is loss of sensations of pain and temperature. Tactile sensibility is normal or only slightly impaired.



## CHAPTER IX

### THE GENERAL TOPOGRAPHY OF THE BRAIN. THE EXTERNAL FORM OF THE MEDULLA OBLONGATA, PONS, AND MESENCEPHALON

**The General Topography of the Brain.**—The brain rests upon the floor of the cranial cavity, which presents three well-marked fossæ. In the posterior cranial fossa are lodged the medulla oblongata, pons, and cerebellum, which together constitute the rhombencephalon (Fig. 96). This fossa is roofed over by a partition of dura mater, called the *tentorium cerebelli*, that separates the



**Fig. 96.**—Median sagittal section of the head showing the relation of the brain to the cranium. The sphenoid bone is shown in transparency, and through it the temporal lobe may be seen.

cerebellum from the cerebral hemispheres. Through the notch in the ventral border of the tentorium projects the mesencephalon connecting the rhombencephalon below with the prosencephalon above that partition. The cerebral hemispheres form the largest part of the prosencephalon, occupy the anterior and middle cranial fossæ, and extend to the occiput on the upper surface of the tentorium.

The **dorsal** or **convex aspect** of the human brain presents an ovoid figure. The large *cerebral hemispheres* cover the other parts from view. The cerebral hemispheres, which are separated by a deep cleft called the *longitudinal fissure of the cerebrum*, together present a broad convex surface which lies in close relation to the internal aspect of the calvaria. From the latter it is separated only by the investing membranes or meninges of the brain. The thin convoluted layer



of gray matter upon the surface of the hemispheres is known as the *cerebral cortex* and that on the surface of the cerebellum is known as the *cerebellar cortex*.

The **ventral aspect** or **base** of the brain presents an irregular surface adapted to the uneven floor of the cranial cavity (Figs. 97, 99). The *medulla oblongata*, which is continuous through the foramen magnum with the spinal cord, lies on the ventral aspect of the cerebellum in the vallecula between the two cerebellar

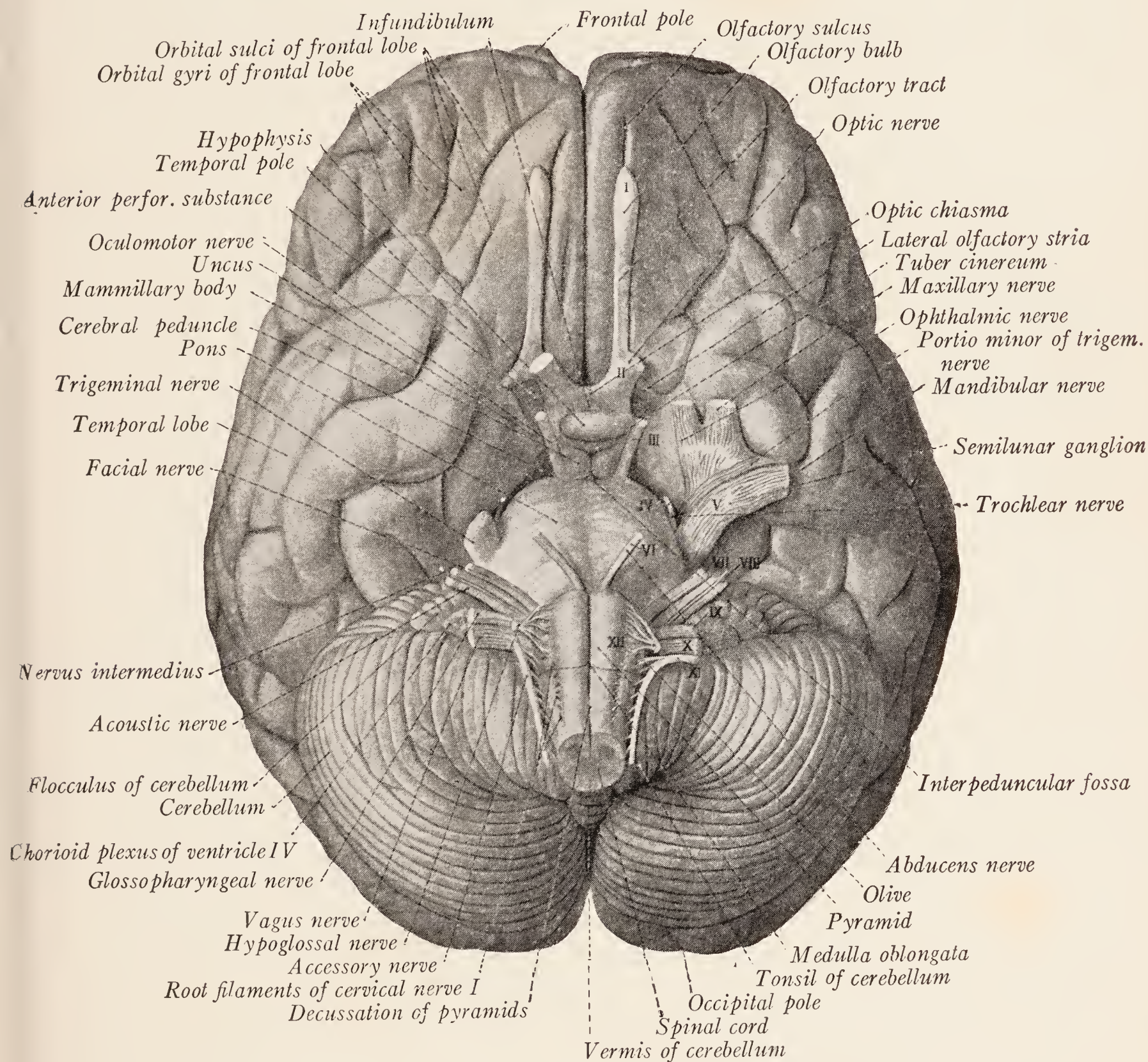


Fig. 97.—Base of the human brain. (Sobotta-McMurrich.)

hemispheres. Rostral to the medulla oblongata and separated from it only by a transverse groove is a broad elevated band of fibers, which plunges into the cerebellum on either side and is known as the *pons*. The *cerebellum* can be seen occupying a position dorsal to the pons and medulla oblongata, and can easily be recognized by its grayish color and many parallel fissures. A pair of large rope-like strands are seen to emerge from the rostral border of the pons and to diverge



from each other as they run toward the under surface of the cerebral hemispheres. These are the *cerebral peduncles* and they form the ventral part of the mesencephalon. At its rostral extremity each peduncle is partially encircled by a flattened band, known as the *optic tract*, which is continuous through the *optic chiasma* with the optic nerves. A lozenge-shaped depression, known as the *interpeduncular fossa*, is outlined by the diverging cerebral peduncles and by the optic chiasma and tracts (Fig. 99). Within the area thus outlined and beginning at its caudal angle may be distinguished the following parts: the *interpeduncular nucleus*, which

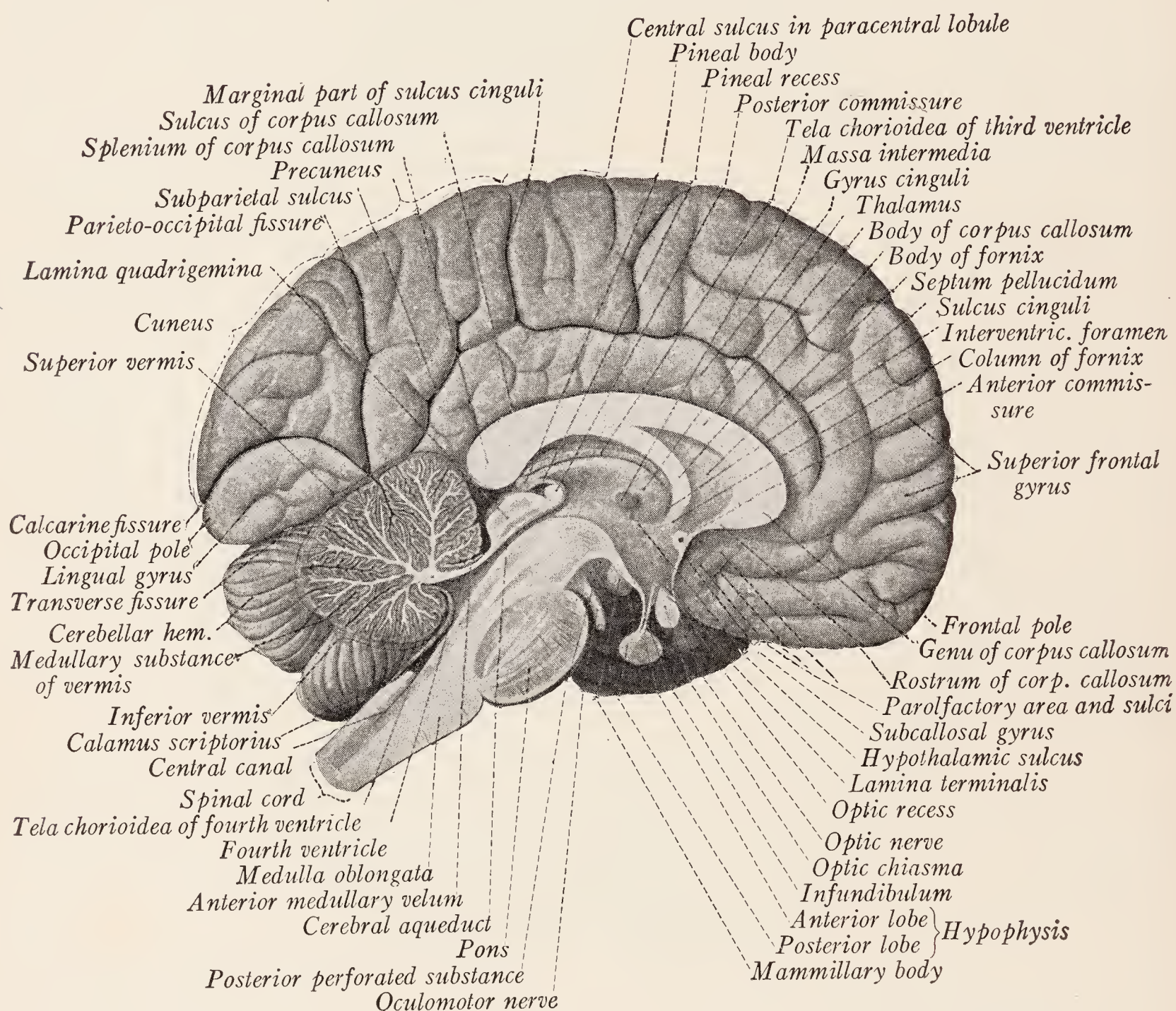


Fig. 98.—Medial sagittal section of the human brain. (Sobotta-McMurrich.)

is very large in the sheep and occupies an area designated in man as the *posterior perforated substance*, the *mammillary bodies*, the *tuber cinereum*, and the *infundibulum*. Rostral to the optic tract there is on either side a triangular field of gray matter, studded with minute pit-like depressions and known as the *anterior perforated substance*. The olfactory bulb and olfactory tract belong to the rhinencephalon which will be described in Chapter XVIII.

**Interrelation of the Various Parts of the Brain.**—An examination of a medial sagittal section of the brain will make clear the relation which the various parts



bear to each other (Fig. 98). The *medulla oblongata*, *pons*, and *cerebellum* are seen surrounding the fourth ventricle, and are intimately connected with one another. The medulla oblongata is directly continuous with the pons, and on either side a large bundle of fibers from the dorsal aspect of the former runs into the cerebellum. These two strands, which are known as the *restiform bodies* or inferior cerebellar peduncles, constitute the chief avenues of communication

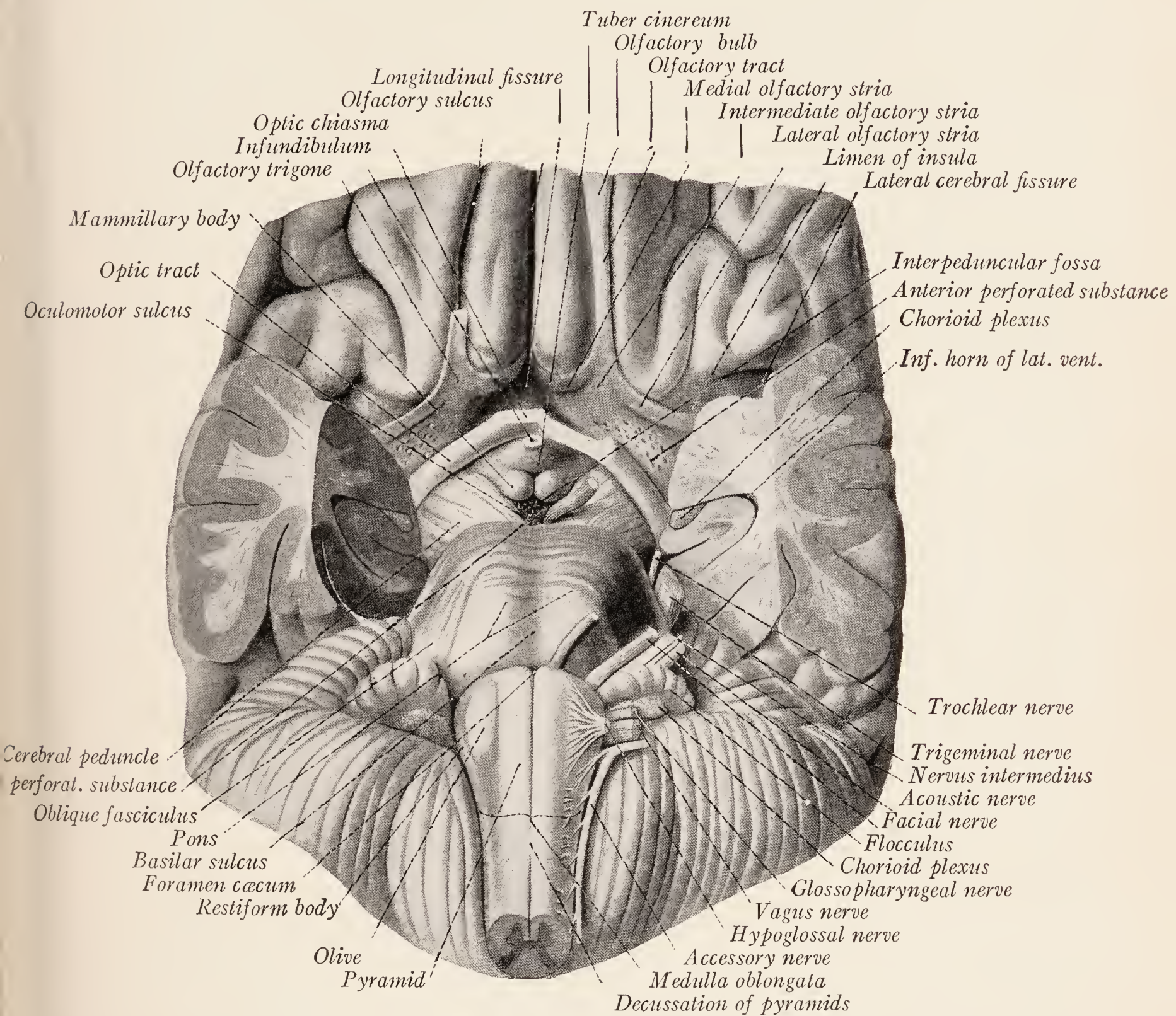


Fig. 99.—Ventral view of the human brain. The temporal lobes have been partly cut away. (Sabbota-McMurrich.)

between the spinal cord and medulla oblongata on the one hand and the cerebellum on the other (Fig. 100). The ventral prominence of the pons is produced in large part by transverse bundles of fibers, which when traced lateralward are seen to form a large strand, the *brachium pontis* or middle cerebellar peduncle, that enters the corresponding cerebellar hemisphere (Figs. 97, 99). The *brachium conjunctivum* or superior cerebellar peduncle can be traced rostrally from the



cerebellum to the mesencephalon. The three peduncles are paired structures, symmetrically placed on the two sides of the brain (Figs. 100, 101).

**The Cerebrum.**—The *mesencephalon* surrounds the cerebral aqueduct and consists of the ventrally placed *cerebral peduncles*, and a dorsal plate with four rounded elevations, the *lamina* and *corpora quadrigemina* (superior and inferior colliculi). The cerebral hemispheres form the most prominent part of the cerebrum and are separated from each other by the longitudinal fissure, at the bottom of which is a broad commissural band, the *corpus callosum*, which joins the two hemispheres together (Fig. 98). Under cover of the cerebral hemispheres and concealed by them, except on the ventral aspect of the brain, is the *diencephalon*. This includes most of the parts which help to form the walls of the third ventricle. These are from above downward, the *epithalamus*, including the habenular trigone and pineal body near the roof of the ventricle; the *thalamus*, which forms most of the lateral wall of the ventricle, and is united with its fellow across the cavity by a short bar of gray substance, the *massa intermedia*; and the *hypothalamus*, including the mammillary bodies, infundibulum, and part of the hypophysis (Fig. 98).

**The Brain Ventricles.**—The *central canal* of the spinal cord is prolonged through the caudal portion of the medulla oblongata and finally opens out into the broad rhomboidal *fourth ventricle* of the rhombencephalon. At its pointed rostral extremity this ventricle is continuous with the *cerebral aqueduct*, the elongated slender cavity of the mesencephalon. This, in turn, opens into the *third ventricle*, which is a narrow vertical cleft between the two laterally symmetric halves of the diencephalon. It is bridged by the *massa intermedia* and communicates through a small opening in each lateral wall, the *interventricular foramen* of Monro, with the cavity of the cerebral hemisphere or *lateral ventricle*.

The **weight of the brain** varies with the sex, age, and size of the individual. The average weight of the brain in young adult men of medium stature is 1360 grams. It is less in women and in persons of small size or advanced age. It is doubtful if there is any close correlation between the brain weight and intelligence or between the latter and the size and arrangement of the cerebral convolutions (Donaldson, 1898).

#### THE ANATOMY OF THE MEDULLA OBLONGATA

At its rostral end the spinal cord increases in size and goes over without sharp line of demarcation into the medulla oblongata, or myelencephalon, which, as we learned in Chapter II, is derived from the posterior part of the third brain vesicle. The medulla oblongata may be said to begin just rostral to the highest rootlet of the first cervical nerve at about the level of the foramen magnum; and at the opposite extremity it is separated from the pons by a horizontal groove (Figs. 96, 98). Its ventral surface rests upon the basilar portion of the occipital bone; while its dorsal surface is in large part covered by the cerebellum. The shape of the medulla oblongata is roughly that of a truncated cone, the smaller end of which is directed caudally and is continuous with the spinal cord. In man it measures about 3 cm., or a little more than 1 inch, in length (Fig. 97).



Like the spinal cord, the medulla oblongata presents a number of more or less parallel longitudinal grooves. These are the *anterior and posterior median fissures*, and a pair each of *anterior lateral* and *posterior lateral sulci* (Figs. 97, 101). By means of the fissures it is divided symmetrically into right and left halves; while these, in turn, are marked off by the sulci into *ventral, lateral, and dorsal areas*, which as seen from the surface appear to be the direct upward continuation of the anterior, lateral, and posterior funiculi of the spinal cord. But, as we shall see in the following chapter, this continuity is not as perfect as it appears from the surface; because the tracts of the cord undergo a rearrangement as they enter the medulla oblongata. The posterior median fissure does not extend beyond the middle of the medulla, at which point its lips separate to help form the lateral boundaries of the fourth ventricle. The caudal half or *closed portion of the medulla oblongata* contains a canal, the direct continuation of the central canal of the spinal cord (Fig. 98). This canal opens into the fourth ventricle whose floor is formed in part by the rostral half or *open part of the medulla oblongata*.

**Fissures and Sulci.**—The *posterior median fissure* represents the continuation of the posterior median sulcus of the spinal cord and, as noted above, ends near the middle of the medulla oblongata. The *anterior median fissure* is continued from the spinal cord to the border of the pons, where it ends abruptly in a pit known as the *foramen cæcum*. Near the caudal extremity of the medulla oblongata this fissure is interrupted by interdigitating bundles of fibers which pass obliquely across the median plane. These are the fibers of the lateral corticospinal tract, which undergo a decussation on passing from the medulla oblongata into the spinal cord, known as the *decussation of the pyramids*. The *anterior lateral sulcus* also extends throughout the length of the medulla oblongata and represents the upward continuation of a much more indefinite groove bearing the same name in the spinal cord. From it emerge the root filaments of the hypoglossal nerve. From the *posterior lateral sulcus* emerge the rootlets of the glossopharyngeal, vagus, and accessory nerves (Figs. 99, 100).

The **ventral area of the medulla oblongata** is included between the anterior median fissure and the anterior lateral sulcus, and has the false appearance of being a direct continuation of the anterior funiculus of the spinal cord. On either side of the anterior median fissure there is an elongated eminence, tapering toward the spinal cord, and known as the *pyramid* (Fig. 97). It is formed by the fibers of the corticospinal or pyramidal tract. Just before the fibers of this tract enter the spinal cord they undergo a more or less complete decussation, crossing the median plane in large obliquely interdigitating bundles, which fill up and almost obliterate the anterior median fissure in the caudal part of the medulla oblongata. This is known as the *decussation of the pyramids* (*decussatio pyramidum*). In the sheep these fibers pass into the opposite posterior funiculus of the spinal cord. In man the crossing is incomplete, a majority of the fibers descending into the lateral funiculus of the opposite side, a minority into the anterior funicu-



lus of the same side (Fig. 92). We are already acquainted with these bundles in the spinal cord as the *ventral* and *lateral corticospinal tracts* (direct and crossed pyramidal tracts). In addition to the pyramid the ventral area of the medulla also contains a bundle of fibers, the *medial longitudinal fasciculus*, which is continuous with the anterior fasciculus proprius of the spinal cord.

The **lateral area of the medulla oblongata**, included between the anterolateral and posterolateral sulci, appears as a direct continuation of the lateral funiculus of the spinal cord; but, as a matter of fact, many of the fibers of that funiculus find their way into the anterior area (as, for example, the lateral corticospinal tract) or into the posterior area (dorsal spinocerebellar tract). In the rostral part of the lateral area, between the root filaments of the glossopharyngeal and vagus nerves, on the one hand, and those of the hypoglossal, on the other, is an oval eminence, the *olive* (oliva, olivary body), which is produced by a large irregular mass of gray substance, the inferior olivary nucleus, located just beneath the surface (Fig. 100). By a careful inspection of the surface of the medulla oblongata it is possible to distinguish numerous fine bundles of fibers, which emerge from the anterior median fissure or from the groove between the pyramid and the olive and run dorsally upon the surface of the medulla to enter the restiform bodies. These are the *ventral external arcuate fibers* and are most conspicuous on the surface of the olive (Fig. 100).

The **dorsal area of the medulla oblongata** is bounded ventrally by the posterolateral sulcus and emergent root filaments of the glossopharyngeal, vagus, and accessory nerves. In the closed part of the medulla it extends to the posterior median fissure, while in the open part its dorsal boundary is formed by the lateral margin of the floor of the fourth ventricle. The caudal portion of this area is, in reality, as it appears, the direct continuation of the posterior funiculus of the spinal cord. On the dorsal aspect of the medulla oblongata the fasciculus cuneatus and fasciculus gracilis of the cord are continued as the *funiculus cuneatus* and *funiculus gracilis*, which soon enlarge into elongated eminences, known respectively as the *cuneate tubercle* and the *clava* (Fig. 101). These enlargements are produced by gray masses, the *nucleus gracilis* and *nucleus cuneatus*, within which end the fibers of the corresponding fasciculi of the spinal cord. The clava and cuneate tubercle are displaced laterally by the caudal angle of the fourth ventricle. Somewhat rostral to the middle of the medulla oblongata they gradually give place to the *restiform body*.

More laterally, between the cuneate funiculus and tubercle on the one hand and the roots of the glossopharyngeal, vagus, and accessory nerves on the other, is a third longitudinal club-shaped elevation called the *tuberculum cinereum*. It is produced by a tract of descending fibers, derived from the sensory root of the trigeminal nerve, and by an elongated mass of substantia gelatinosa which forms one of the nuclei of this nerve. This bundle of fibers and the associated mass of gray matter are known as the *spinal tract* and *nucleus of the spinal tract of the trigeminal nerve* (Fig. 110).



The **restiform body** (*corpus restiforme* or inferior cerebellar peduncle) lies between the lateral border of the fourth ventricle and the roots of the vagus and glossopharyngeal nerves in the rostral part of the medulla oblongata (Fig. 101). There is no sharp line of demarcation between it and the more caudally placed clava and cuneate tubercle. It is produced by a large strand of nerve-fibers, which runs along the lateral border of the fourth ventricle and then turns dorsally into the cerebellum. These fibers serve to connect the medulla oblongata and spinal cord on the one hand with the cerebellum on the other. By a careful inspection of the surface of the medulla it is possible to recognize the source of some of the fibers entering into the composition of the restiform body. The *ventral external arcuate fibers* can be seen entering it after crossing over the surface of the lateral area; and the *dorsal spinocerebellar* tract can also be traced into it from a position dorsal to the caudal extremity of the olive.

At the point where the restiform body begins to turn dorsally toward the cerebellum, it is partly encircled by an elongated transversely placed elevation formed by the *ventral and dorsal cochlear nuclei* (Fig. 100). This ridge is continuous with the cochlear nerve. Just caudal to this ridge there is sometimes seen another, running more obliquely across the restiform body, which is an outlying portion of the pons and has been described by Essick (1907) under the name *corpus pontobulbare* (Fig. 100).

**Nerve Roots.**—From the surface of the medulla oblongata there emerge in roughly linear order along the posterior lateral sulcus a series of root filaments, which continues the line of the dorsal roots of the spinal nerves. These are the rootlets of the *glossopharyngeal*, *vagus* and *accessory nerves*. But unlike the dorsal roots, which are made up of afferent fibers, the spinal accessory nerve contains efferent fibers, while the vagus and glossopharyngeal are mixed nerves. The line of the ventral or motor roots of the spinal nerves is continued in the medulla oblongata by the root filaments of the *hypoglossal nerve*, which is also composed of motor fibers. The *abducens*, *facial*, and *acoustic nerves* make their exit along the caudal border of the pons in the order named from within outward. The abducens emerges between the pons and the pyramid, the acoustic far lateralward in line with the restiform body, and the facial with its sensory root, the *nervus intermedius*, near the acoustic nerve (Figs. 99, 100).

### THE ANATOMY OF THE PONS

The pons, which is differentiated from the ventral part of the metencephalon, is interposed between the medulla oblongata and the cerebral peduncles and lies ventral to the cerebellum. As seen from the ventral surface, it is formed by a broad transverse band of nerve-fibers, which on either side become aggregated into a large rounded strand, the *brachium pontis* or middle cerebellar peduncle, and finally enter the corresponding hemisphere of the cerebellum (Figs. 99, 100). This transverse band of fibers, which gives the bridge-like form from which this part derives its name, belongs to the *basilar portion of the pons* and is



superimposed upon a deeper *dorsal portion* that may be regarded as a direct upward continuation of the medulla oblongata. The transverse fibers form a part of the pathway connecting the cerebral hemispheres with the opposite cerebellar hemispheres; and the size of the pons, therefore, varies with the size of these other structures. It is instructive to compare the brains of the shark, sheep, and man with this point in mind (Figs. 12, 98, 381).

The **ventral surface of the pons** is convex from above downward and from side to side and rests upon the basilar portion of the occipital bone and upon

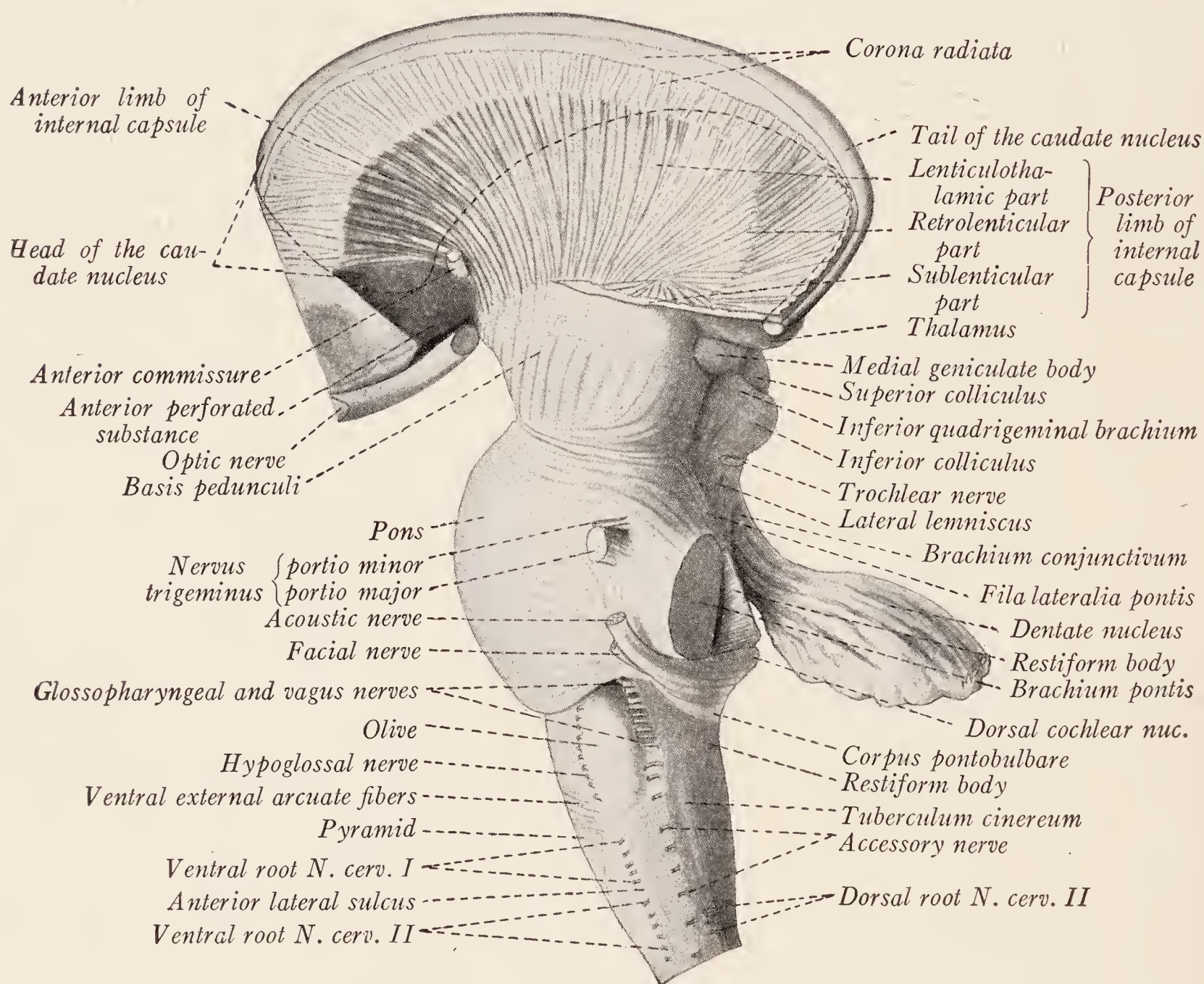


Fig. 100.—Lateral view of human brain stem.

the dorsum sellæ (Fig. 96). A groove along the median line, the *basilar sulcus*, lodges the basilar artery (Fig. 97).

The *trigeminal nerve* emerges from the ventral surface of the pons far lateralward at the point where its constituent transverse fibers are converging to form the brachium pontis. In fact, it is customary to take the exit of this nerve as marking the point of junction of the pons with its brachium. The nerve has two roots which lie close together: the larger is the *sensory root*, or portio major; the smaller is the *motor root*, or portio minor (Fig. 100).



The **posterior surface of the pons** forms the rostral part of the floor of the fourth ventricle, along the lateral borders of which there are two prominent and rather large strands of nerve-fibers, the *brachia conjunctiva* (Figs. 100, 101).

The **brachia conjunctiva** or superior cerebellar peduncles lie under cover of the cerebellum. As they emerge from the white centers of the cerebellar hemispheres they curve rostrally and take up positions along the lateral borders of the fourth ventricle. They converge as they ascend and disappear from view by sinking into the substance of the mesencephalon under cover of the inferior quadrigeminal bodies. Each consists of fibers which connect the cerebellum with the *red nucleus*, a large gray mass situated within the midbrain ventral to the superior colliculus of the corpora quadrigemina. The interval between the two brachia conjunctiva, where these form the lateral boundaries of the fourth ventricle, is bridged by a thin lamina of white matter, the *anterior medullary velum* (Figs. 98, 101). This is stretched between the free dorsomedial borders of the two brachia and forms the roof of the rostral portion of the ventricle. Caudally it is continuous with the white center of the cerebellum. The fibers of the *trochlear nerves* decussate in the anterior medullary velum and emerge from its dorsal surface (Fig. 101). As they run through the velum they produce a raised white line which extends transversely from one brachium to the other.

#### THE FOURTH VENTRICLE

The lozenge-shaped cavity of the rhombencephalon is known as the fourth ventricle. It lies between the pons and medulla oblongata, ventrally, and the cerebellum dorsally, and is continuous with the central canal of the closed portion of the medulla, on the one hand, and with the cerebral aqueduct on the other (Fig. 98). On each side a narrow curved prolongation of the cavity extends laterally on the dorsal surface of the restiform body. This is known as the *lateral recess* (Fig. 101). It opens into the subarachnoid space near the flocculus of the cerebellum; and through this *lateral aperture* of the fourth ventricle (foramen of Luschka) protrudes a small portion of the chorioid plexus (Fig. 102). There is also a median aperture (foramen of Magendie) through the roof of the ventricle near the caudal extremity. By means of these three openings, one medial and two lateral, the cavity of the ventricle is in communication with the subarachnoid space, and cerebrospinal fluid may escape from the former into the latter.

The **floor of the fourth ventricle** is known as the *rhomboid fossa* and is formed by the dorsal surfaces of the pons and open part of the medulla oblongata, which are continuous with each other without any line of demarcation and are irregularly concave from side to side (Fig. 101). The fossa is widest opposite the points where the restiform bodies turn dorsally into the cerebellum; and it gradually narrows toward its rostral and caudal angles. The *lateral boundaries* of the fossa, which are raised some distance above the level of the floor, are formed by the following structures: the *brachia conjunctiva*, *restiform bodies*, *cuneate tubercles*, and *clavæ*. Of the four angles to the rhomboid fossa, two are laterally



placed and correspond to the lateral recesses. At its caudal angle the ventricle is continuous with the central canal of the closed part of the medulla oblongata, and at its rostral angle with the cerebral aqueduct. Joining the two last named angles there is a median sulcus which divides the fossa into two symmetric lateral halves.

The rhomboid fossa is arbitrarily divided into three parts. The *superior part* is triangular, with its apex directed rostrally and its base along an imaginary line through the superior foveæ. The *inferior part* is also triangular, but with its apex directed caudally and its base at the level of the horizontal portions of the tæniæ of the ventricle. Between these two triangular portions is

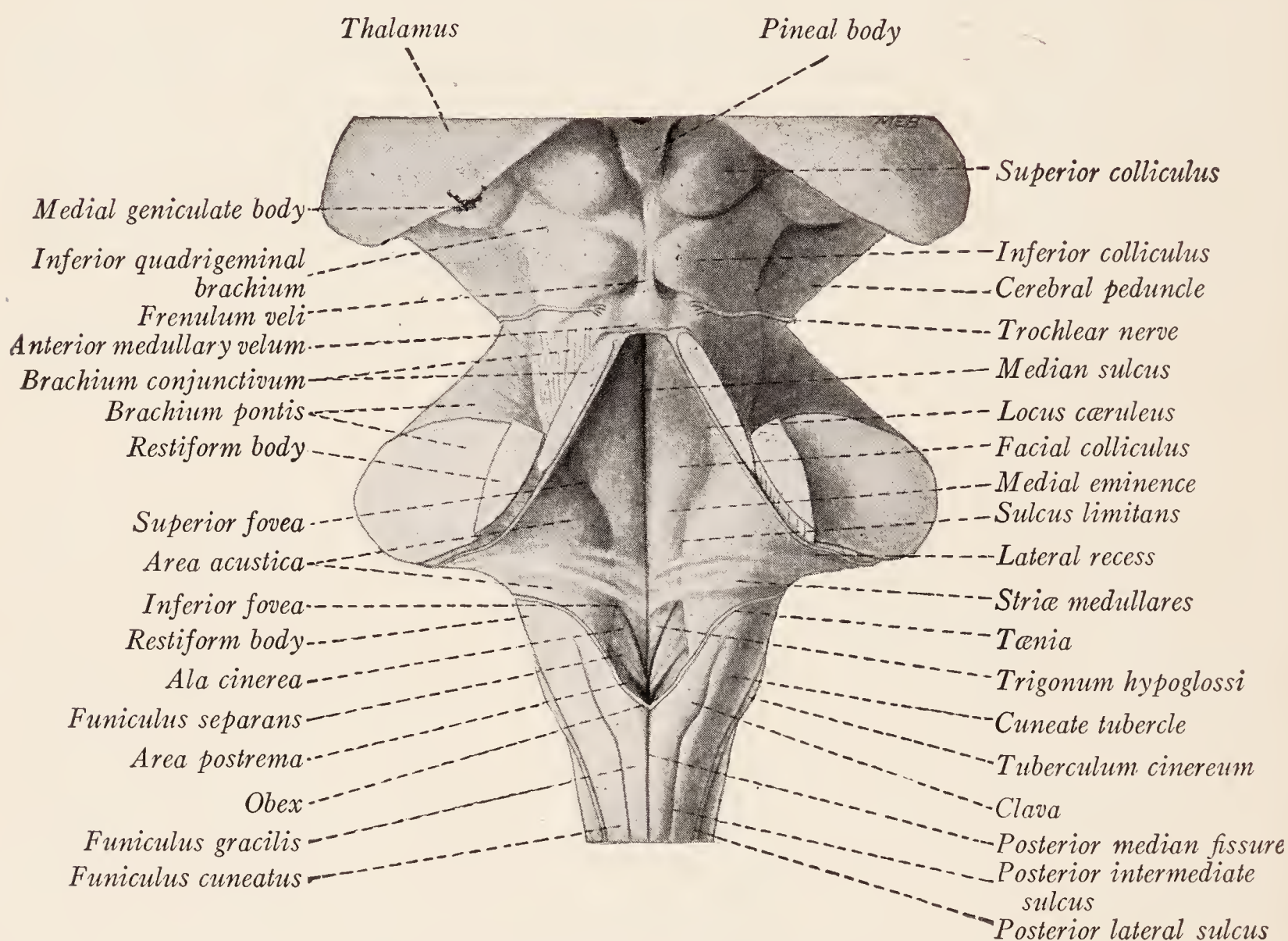


Fig. 101.—Dorsal view of human brain stem.

the *intermediate part* of the fossa, which is prolonged outward into the lateral recesses. The floor is covered with a thin lamina of gray matter continuous with that which lines the central canal and cerebral aqueduct. Crossing the fossa transversely in its intermediate portion are several strands of fibers known as the *striæ medullares*. These are subject to considerable variation in different specimens. It is said that they run to the cerebellum (Kappers, Huber and Crosby, 1936).

The *inferior portion* of the fossa bears some resemblance to the point of a pen and has been called the *calamus scriptorius*. It belongs to the medulla oblongata. In this part of the fossa there is on either side a small depression, the



*inferior fovea*. From this point run two diverging sulci: a medial groove toward the opening of the central canal and a lateral groove more nearly parallel to the median sulcus. By these sulci the inferior portion of the fossa is divided into three triangular areas. Of these the most medial is called the *trigone of the hypoglossal nerve* or *trigonum nervi hypoglossi*. Beneath the medial part of this slightly elevated area is located the nucleus of the hypoglossal nerve. The area between the two sulci, which diverge from the fovea inferior, is the *ala cinerea* or triangle of the vagus nerve. The third triangular field, placed more laterally, forms a part of the *area acustica*.

The *area acustica* is, however, not restricted to the inferior portion of the fossa, but extends into the *intermediate part* as well. Here it forms a prominent elevation over which the striæ medullares run. Subjacent to this area lie the nuclei of the vestibular nerve. A part of the acoustic area and all of the ventricular floor rostral to it belong to the pons.

Rostral to the striæ medullares there may be seen a shallow depression, the *fovea superior*, medial to which there is a rounded elevation, the *facial colliculus*. Under cover of this eminence the fibers of the facial nerve bend around the abducens nucleus. Extending from the fovea superior to the cerebral aqueduct is a shallow groove, usually faint blue in color, the *locus cæruleus*, beneath which lies a nucleus, composed of pigmented nerve-cells.

Beginning at the cerebral aqueduct and extending through both the superior and inferior foveæ is a very important groove, the *sulcus limitans*, which represents the line of separation between the parts derived from the alar plate and those which originate from the basal plate of the embryonic rhombencephalon. Lateral to this sulcus lie the sensory areas of the ventricular floor, including the *area acustica*, all of which are derived from the alar plate. Medial to this sulcus there is a prominent longitudinal elevation, known as the *medial eminence* which includes two structures already described, namely, the facial colliculus and the trigone of the hypoglossal nerve. Beneath the medial part of this trigone lies the *nucleus of the hypoglossal nerve* and beneath the lateral part is a group of cells designated as the *nucleus intercalatus*.

One or two features remain to be mentioned. At the caudal end of the *ala cinerea* is a narrow translucent obliquely placed ridge of thickened ependyma, known as the *funiculus separans*. Between this ridge and the clava is a small strip, called the *area postrema*, which on microscopic examination is found to be rich in blood-vessels and neuroglial tissue.

The **roof of the fourth ventricle** is formed by the *anterior medullary velum*, a small part of the *white substance of the cerebellum*, and by the *tela chorioidea* lined internally by *ependymal epithelium* (Fig. 98). Caudal to the cerebellum the true roof of the cavity is very thin and consists only of a layer of ependymal epithelium, which is continuous with that lining the other walls of the ventricle. This is supported on its outer surface by a layer of pia mater, the *tela chorioidea*, rich in blood-vessels. From this layer vascular tufts, covered by epithelium,



are invaginated into the cavity and form the *chorioid plexus* of the fourth ventricle (Fig. 102). The plexus is invaginated along two vertical lines close to the median plane and along two horizontal lines, which diverge at right angles from the vertical ones and run toward the lateral recesses. These right and left halves are joined together at the angles so that the entire plexus has the shape of the letter **T**, the vertical limb of which, however, is double.

After the *tela chorioidea* with its epithelial lining has been torn away to expose the floor of the ventricle, there remains attached to the lateral boundaries of the caudal part of the cavity the torn edges of this portion of the roof. These appear as lines, the *tæniæ of the fourth ventricle*, which meet over the caudal angle of the cavity in a thin triangular lamina, the *obex* (Fig. 101). Rostrally

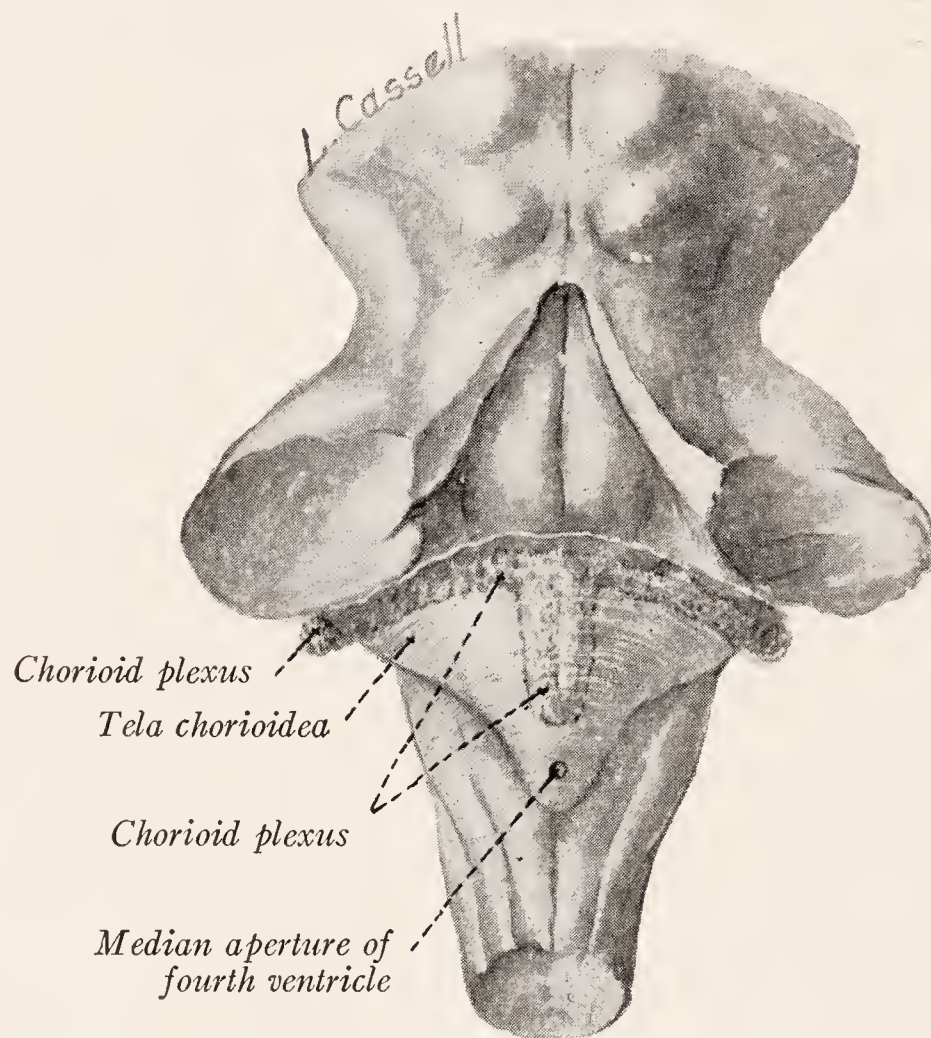


Fig. 102.—Dorsal view of human rhombencephalon showing *tela chorioidea* and *chorioid plexus* of the fourth ventricle.

each *tænia* turns lateralward over the restiform body and forms the caudal boundary of the corresponding lateral recess.

The *anterior medullary velum* is stretched between the dorsomedial borders of the two *brachia conjunctiva* and extends from the white center of the cerebellum to the *lamina quadrigemina* (Figs. 98, 101). Adherent to its dorsal surface is a thin tongue-shaped lobule of the cerebellum, gray in color, known as the *lingula* (Fig. 158).

#### THE MESENCEPHALON

The *midbrain* or mesencephalon occupies the notch in the tentorium and connects the rhombencephalon, on the one side of that shelf-like process of dura, with the prosencephalon on the other (Fig. 96). It consists of a dorsal



part, the *lamina* and *corpora quadrigemina*, and a larger ventral portion, the *cerebral peduncles*. It is tunneled by a canal of relatively small caliber, called the cerebral aqueduct, which connects the third and fourth ventricles and is placed nearer the dorsal than the ventral aspect of the midbrain (Figs. 98, 128).

The **cerebral peduncles** (*pedunculi cerebri*, *crura cerebri*), as seen on the ventral aspect of the brain, diverge like a pair of legs from the rostral border of the pons (Fig. 99). Just before they disappear from view by entering the ventral surface of the prosencephalon they enclose between them parts of the hypothalamus, and are encircled by the optic tracts (Fig. 99). On section, each peduncle is seen to be composed of a dorsal part, the *tegmentum*, and a ventral part, the *basis pedunculi*. Between the basis pedunculi and the tegmentum there intervenes a strip of darker color, the *substantia nigra* (Fig. 128). By dissection it is easy to show that the basis pedunculi is composed of longitudinally coursing fibers which can be traced rostrally to the internal capsule (Fig. 100). In the other direction some of these fibers can be followed into the corresponding pyramid of the medulla oblongata. On the surface two longitudinal sulci mark the plane of separation between the tegmentum and the basis pedunculi. The groove on the medial aspect of the peduncle, through which emerge the fibers of the third nerve, is known as the *sulcus of the oculomotor nerve*, while that on the lateral aspect is called the *lateral sulcus* of the mesencephalon. Dorsal to this latter groove the tegmentum comes to the surface and is faintly marked by fine bundles of fibers which curve dorsally toward the inferior colliculus of the corpora quadrigemina (Fig. 100). These fibers belong to the lateral lemniscus, the central tract associated with the cochlear nerve.

The **corpora quadrigemina** form the dorsal portion of the mesencephalon, and consist of four rounded eminences, the quadrigeminal bodies or *colliculi*, which arise from the dorsal aspect of a plate of mingled gray and white matter known as the *quadrigeminal lamina* (Fig. 101). A median longitudinal groove separates the right and left colliculi. In the rostral end of this groove rests the *pineal body*, while attached to its caudal end is a band which runs to the anterior medullary velum, and is known as the *frenulum veli*. A transverse groove runs between the superior and inferior colliculi and extends onto the lateral aspect of the mesencephalon, where it intervenes between the superior colliculus and the inferior quadrigeminal brachium (Fig. 101).

**The Brachia of the Corpora Quadrigemina.**—From each colliculus there runs laterally an arm or brachium (Fig. 167). The *inferior quadrigeminal brachium* is the more conspicuous. It runs from the inferior colliculus to the *medial geniculate body*. This is an oval eminence, belonging to the diencephalon, which has been displaced caudally so as to lie on the lateral aspect of the mesencephalon. The *superior quadrigeminal brachium* runs from the superior colliculus toward the *lateral geniculate body*, passing between the pulvinar of the thalamus and the medial geniculate body. Some of the fibers can be traced beyond the lateral geniculate body into the optic tract.



## CHAPTER X

### THE STRUCTURE OF THE MEDULLA OBLONGATA

THE medulla oblongata contains the nerve-cells and fiber tracts associated with certain of the cranial nerves. These include the central mechanisms which control the reflex activities of the tongue, pharynx, and larynx, and in part those of the thoracic and abdominal viscera also. At the same time the ascending and descending fiber tracts, which unite the spinal cord with higher nerve centers, pass through the medulla oblongata.

The **central connections of the cranial nerves**, except those of the first two pairs, are located in the medulla oblongata and in the tegmental portions of the pons and mesencephalon. In many respects they resemble the connections of the spinal nerves within the spinal cord. The following general statements on this topic, most of which are illustrated in Fig. 103, will help to elucidate the structure of the brain stem.

1. The *cells of origin of the sensory fibers* of the cranial nerves (Fig. 103, 1) are found in ganglia which lie outside the cerebrospinal axis and are homologous with the spinal ganglia. These are the semilunar ganglion of the trigeminal, the geniculate ganglion of the facial, the superior and petrous ganglia of the glossopharyngeal, the jugular and nodose ganglia of the vagus, the spiral ganglion of the cochlear, and the vestibular ganglion of the vestibular nerve.

2. All of these sensory ganglia except the two last, the cells of which are bipolar, are formed by unipolar cells, the axons of which divide dichotomously into peripheral and central branches. The latter (or in the case of the acoustic nerve the central processes of the bipolar cells) form the sensory nerve roots and enter the brain stem, within which they form longitudinal fiber tracts. The fibers from the trigeminal and vestibular nerves divide into short ascending and long descending branches. It is the *descending branches* of the sensory fibers of the *trigeminal nerve* which form the *spinal tract* of that nerve illustrated in Figs. 103, 109, 110, 112. But the ascending branches may be entirely wanting, as in the case of the *sensory fibers of the seventh, ninth, and tenth nerves*, all of which bend caudally and form a descending tract in the medulla oblongata, known as the *tractus solitarius* (Figs. 103, 112, 114).

3. These ascending and descending sensory fibers and the collaterals derived from them end in gray masses known as *sensory nuclei* or *nuclei of termination*.

4. The *sensory nuclei* (Fig. 103, 4), within which the afferent fibers terminate, contain the cells of origin of the *sensory fibers of the second order* (Fig. 103, 2). Some of these are short; others are long, and these may be either direct or crossed.

Many of them divide into ascending and descending branches. They run in the reticular formation and some of the ascending fibers reach the thalamus.

5. These sensory fibers of the second order give off *collaterals to the motor nuclei*. Direct collaterals from the sensory fibers of the cranial nerves to the motor nuclei are few in number or entirely wanting.

6. The motor nuclei (Fig. 103, 5) are aggregations of multipolar cells which give origin to the motor fibers of the cranial nerves (Fig. 103, 3).

**The Rearrangement Within the Medulla Oblongata of the Structures Continued Upward from the Spinal Cord.**—At the level of the rostral border of the first cervical nerve the spinal cord goes over without a sharp line of demarcation into the medulla oblongata. The transition is gradual both as to external form and internal structure; but in the caudal part of the medulla there occurs a

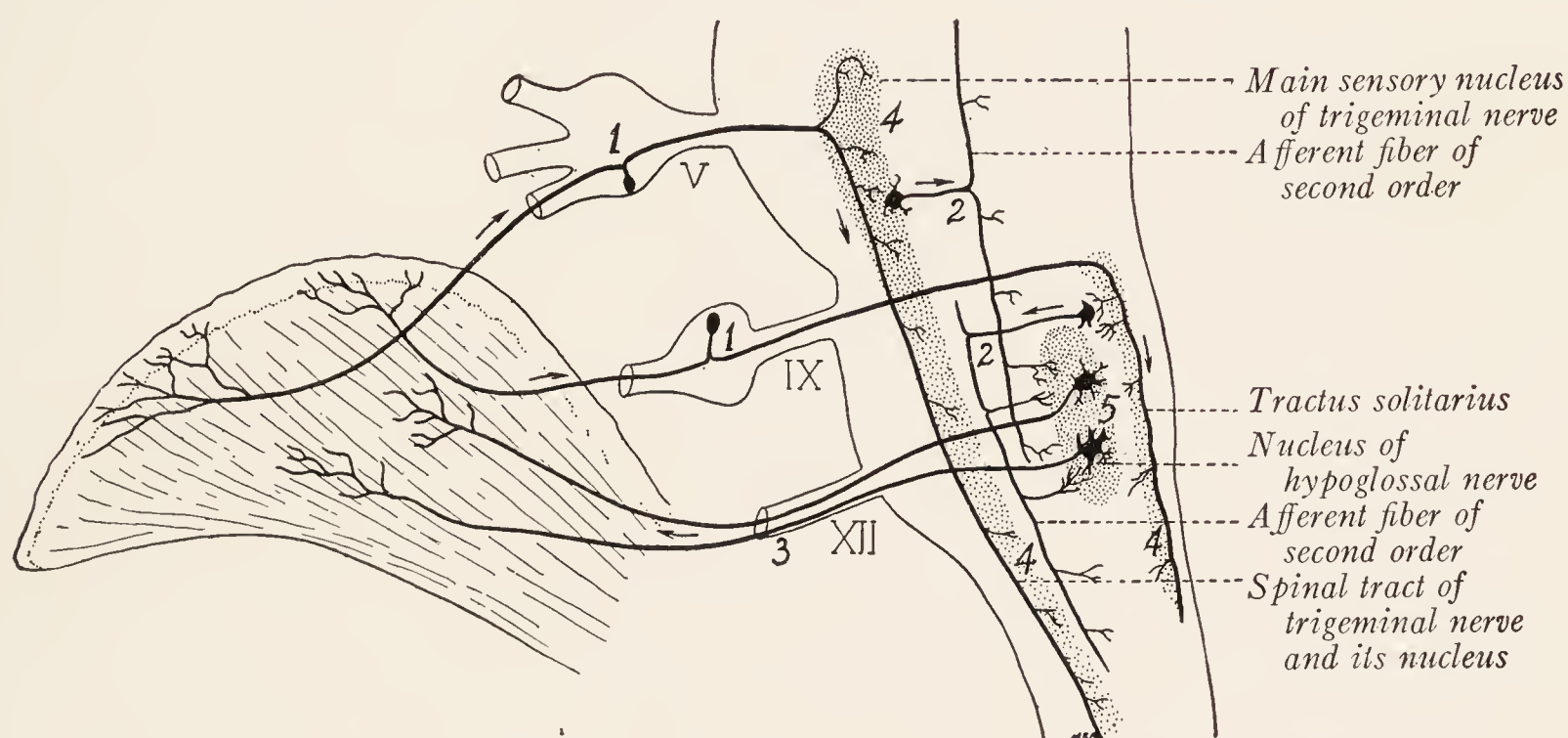


Fig. 103.—Diagram of the tongue and rhombencephalon to illustrate the central connections and functional relationships of certain of the cranial nerves: 1, Sensory neurons of the first order of the trigeminal and glossopharyngeal nerves; 2, sensory neurons of the second order; 3, motor fibers of the hypoglossal nerve; 4, sensory nuclei; 5, motor nucleus of hypoglossal nerve. (Cajal.)

gradual rearrangement of the fiber tracts and alterations in the shape of the gray matter, until at the level of the olive, a section of the medulla bears no resemblance to one through the spinal cord.

The realignment of the corticospinal tracts and the termination of the fibers of the posterior funiculi of the spinal cord are two of the most important factors responsible for this gradual transformation. Traced rostrally from the spinal cord, the *ventral corticospinal tracts* are seen to enter the pyramids within the ventral area of the medulla oblongata, that is to say, they enter the medulla without realignment. The fibers of the *lateral corticospinal tracts* on entering the medulla swing ventromedially in coarse bundles, which run through the anterior gray columns and cut them off from the gray matter surrounding the central canal (Figs. 104, 106). After crossing the median plane in the decussation of the pyramids these fibers join those of the opposite ventral corticospinal



tracts and form the pyramids (Fig. 107). Thus fibers from the lateral funiculus come to lie ventral to the central canal and displace this dorsally; and at the same time a start is made toward breaking up the **H**-shaped gray figure characteristic of the spinal cord.

Shortly after entering the medulla oblongata the *fibers of the posterior funiculi* end in nuclear masses which invade the funiculus gracilis and funiculus cuneatus as expansions from the posterior gray columns and central mass of gray substance (Figs. 106, 107). These are known as the *nucleus gracilis* and *nucleus cuneatus*. They cause a considerable increase in the size of the posterior funiculi and a corresponding ventrolateral displacement of the posterior columns of gray matter. The fibers of the posterior funiculi end in these nuclei about cells, the axons of which run ventromedially as the axis-cylinders of *internal arcuate fibers*. These sweep in broad curves through the gray substance, and decussate

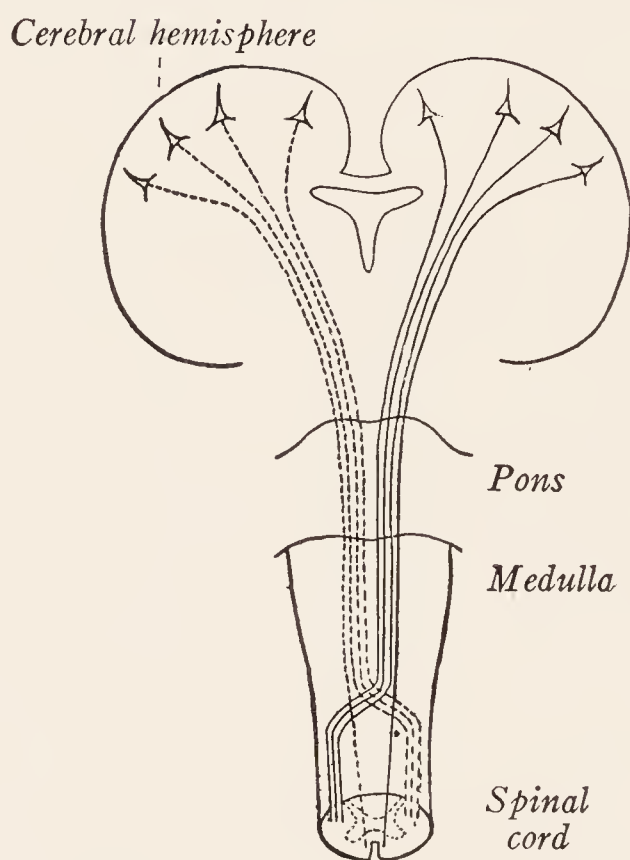


Fig. 104.—Diagram of the corticospinal tracts.

ventral to the central canal in what is known as the *decussation of the medial lemniscus*. After crossing the median plane they turn rostrally between the pyramids and the central gray matter to form on either side of the median plane a broad band of fibers known as the *medial lemniscus* (Figs. 107, 108). At the level of the middle of the olive most of the fibers of the funiculus cuneatus and funiculus gracilis have terminated in their respective nuclei; and the nuclei also disappear a short distance farther rostrally (Fig. 108). With the disappearance of these fibers and nuclei there ceases to be any nervous substance dorsal to the *central canal*, and this, which has been displaced dorsally by the pyramid and medial lemniscus, opens out as the *floor of the fourth ventricle* (Fig. 108).

The *outline of the gray matter* in the most caudal portions of the medulla oblongata closely resembles that of the spinal cord. The anterior columns are first cut off by the decussation of the pyramids (Fig. 106). Then the posterior

columns are displaced ventrolaterally due to the increased size of the posterior funiculi and the disappearance of the lateral corticospinal tracts from their

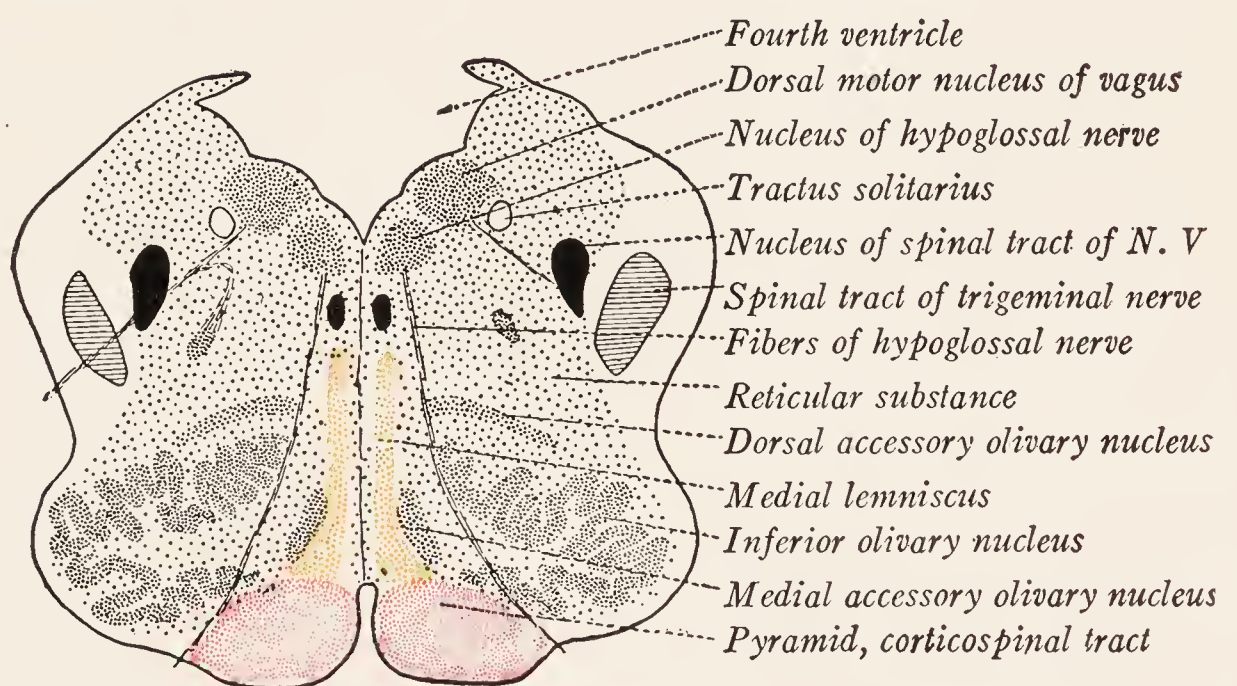
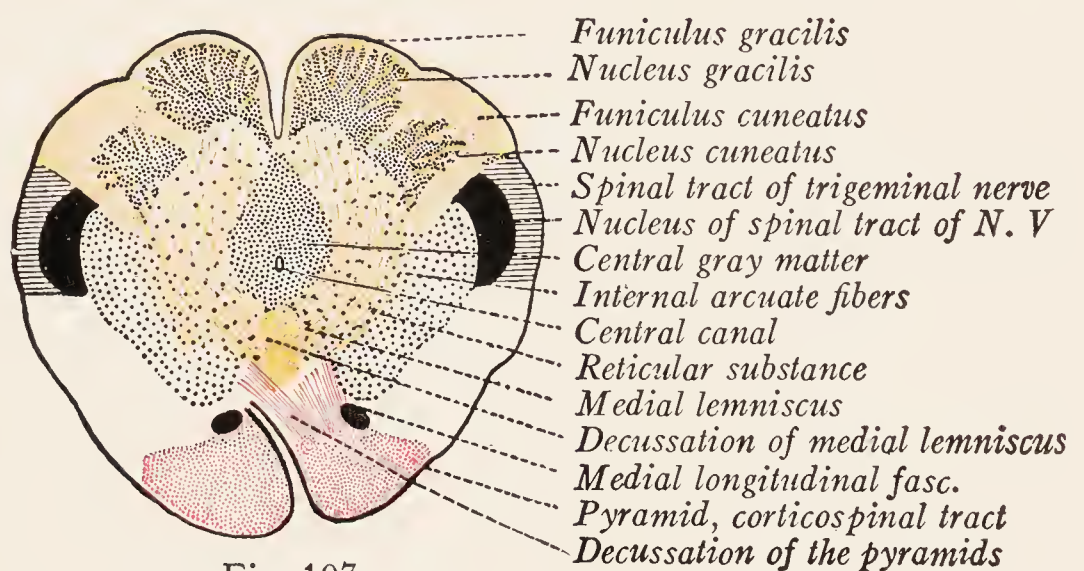
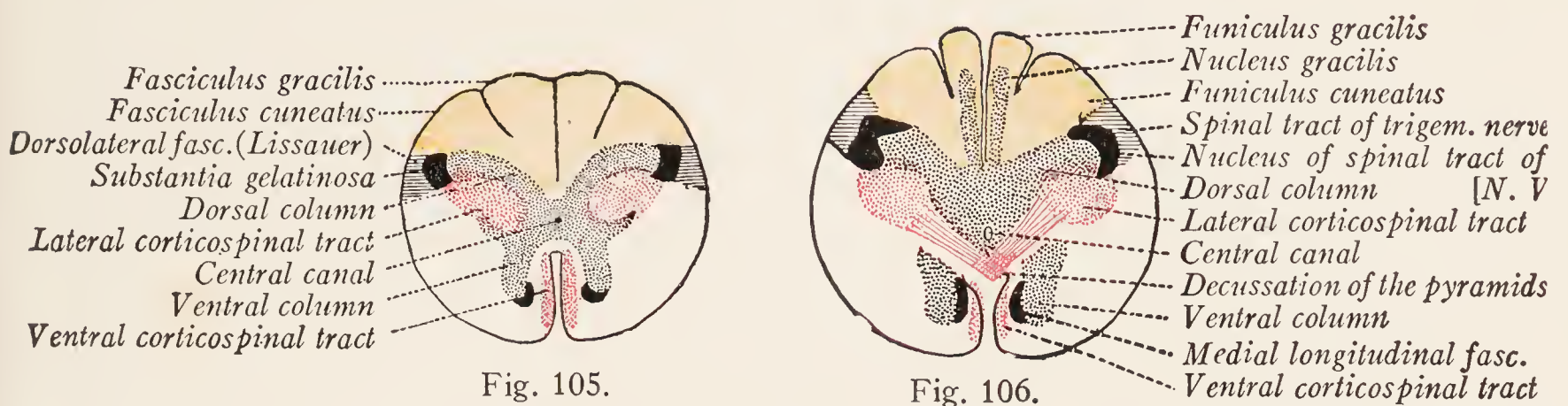


Fig. 108.

Figs. 105–108.—Diagrammatic cross-sections to show the relation of the structures in the medulla oblongata to those in the spinal cord: Fig. 105, First cervical segment of spinal cord; Fig. 106, medulla oblongata, level of decussation of pyramids; Fig. 107, medulla oblongata, level of decussation of medial lemniscus; Fig. 108, medulla oblongata, level of olive.

ventral aspects. This rotation of the posterior column causes the apex of that column with its *spinal tract* and *nucleus of the trigeminal nerve*, which are continuous with the fasciculus dorsolateralis and substantia gelatinosa of the spinal



cord (Fig. 105), to lie almost directly lateralward from the central canal (Fig. 107). The shape of the gray figure is still further altered by the development of special nuclear masses, many of which are very conspicuous. These include the *nucleus gracilis*, *nucleus cuneatus*, *inferior olivary nucleus*, and the *nuclei of the cranial nerves*. The greater part of the gray substance now becomes broken up by nerve-fibers crossing in every direction, but especially by the internal arcuate fibers. This mixture of gray and white matter is known as the *reticular substance*. The *central gray matter* is pushed dorsad first by the pyramids and later by the medial lemniscus until it finally spreads out to form a thin gray covering for the floor of the fourth ventricle.

**The Pyramids and Their Decussation.**—We have had occasion repeatedly to refer to the crossing of the lateral corticospinal tracts in this and preceding chapters, but there remain some details to be presented. The pyramids are large, somewhat rounded fascicles of longitudinal fibers, which lie on either side of the anterior median fissure of the medulla oblongata (Fig. 97). The constituent fibers take origin from the large pyramidal cells of the anterior central gyrus or motor cerebral cortex. The *decussation of the pyramids* or motor decussation occurs near the caudal extremity of the medulla oblongata (Fig. 104). Something more than three-fourths of the corticospinal tract passes through the decussation into the lateral funiculus of the opposite side of the spinal cord, as the *lateral corticospinal tract* (fasciculus cerebrospinalis lateralis or lateral pyramidal tract); while the remainder is continued without crossing into the ventral funiculus of the same side as the *ventral corticospinal tract* (fasciculus cerebrospinalis anterior or anterior pyramidal tract—Figs. 105–109). The decussating fibers are grouped into relatively large bundles as they cross the median plane, the bundles from one side alternating with similar bundles from the other, and largely obliterating the anterior median fissure at this level (Figs. 97, 258). There is great individual variation as to the relative size of the ventral and lateral corticospinal tracts; and there may even be marked asymmetry due to a difference in the proportion of the decussating fibers on the two sides.

The **nucleus gracilis** and **nucleus cuneatus** (nucleus funiculi gracilis and nucleus funiculi cuneati) are large masses of gray matter located in the posterior funiculi of the caudal portion of the medulla oblongata (Figs. 341–346, grac and cun). They are surrounded by the fibers of these funiculi except on their ventral aspects, where they are continuous with the remainder of the gray substance (Fig. 110). The fibers of the gracile and cuneate fasciculi terminate in the corresponding nuclei; and their terminal arborizations are synaptically related to the neurons, whose cell bodies and dendrites are located there. Accordingly, in sections through successive levels we see the fibers decreasing in number as the nuclei grow larger (Figs. 109, 110). It is due to the presence of these nuclei that the funiculi become swollen to form the club-shaped prominences with which we are already familiar under the names *clava* and *cuneate tubercle*. At the level of the pyramidal decussation the gracile nucleus has the form of a rather thin and



ill-defined plate, while the cuneate nucleus is represented by a slight projection from the dorsal surface of the posterior gray column (Fig. 109). At the level of the decussation of the lemniscus both have enlarged and the gracile nucleus has become sharply outlined (Fig. 110). As the central canal opens out into the fourth ventricle the nuclei are displaced laterally and gradually come to an end as the restiform body becomes clearly defined (Fig. 112).

The lateral or accessory cuneate nucleus lies lateral to the rostral part of the main cuneate nucleus between this and the restiform body (Figs. 287, 289, 343–350, 1 cun). It is composed of large cells similar to those in the nucleus dorsalis of the spinal cord. This serves to differentiate it from the other nuclei of the posterior funiculi which contain much smaller cells. The fibers, which arise in the lateral cuneate nucleus, run by way of the dorsal external arcuate

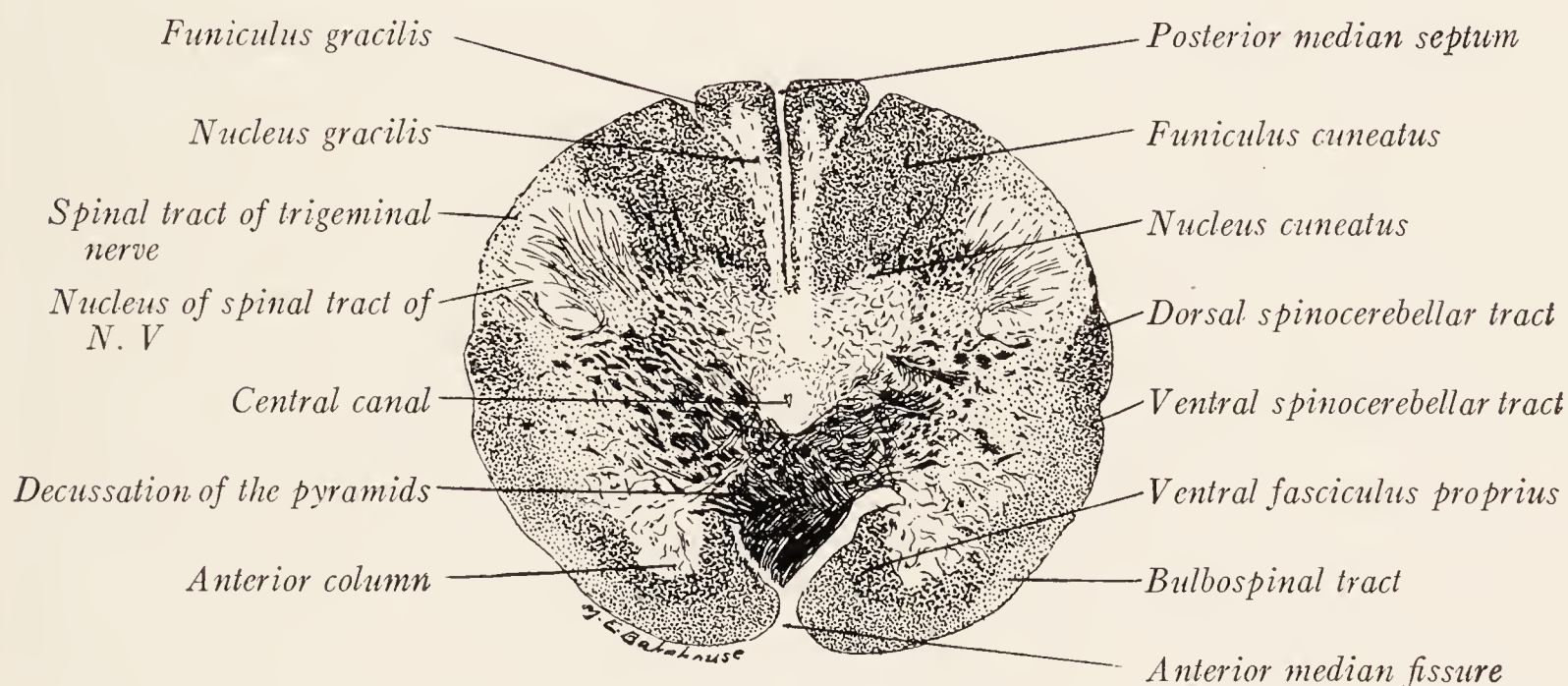


Fig. 109.—Section through the medulla oblongata of a child at the level of the decussation of the pyramids. Pal-Weigert method. (X6.)

fibers and the restiform body of the same side to the cerebellum (Brun, 1925; Ferraro and Barrera, 1935).

**The Medial Lemniscus and its Decussation.**—The great majority of fibers which arise from the cells in the nucleus gracilis and nucleus cuneatus sweep ventromedially in broad concentric curves around the central gray substance toward the median raphé (Fig. 110). As has been stated on a preceding page, these are known as *internal arcuate fibers*, and as they cross those from the opposite side in the raphé they form the *decussation of the lemniscus* (decussatio lemniscorum, sensory decussation). After crossing the median plane they turn rostrally in the medial lemniscus (fillet), and end in the thalamus (Fig. 255). These longitudinal fibers constitute a broad band which lies close to the median raphé, medial to the inferior olivary nucleus, and dorsal to the pyramids (Figs. 107, 108). By the accession of additional internal arcuate fibers this band increases in size and spreads out dorsally until at the level of the middle of the olive it is separated from the gray matter of the ventricular floor only by the



fibers of the fasciculus longitudinalis medialis and the tectospinal tract (Fig. 112). The decussation of the lemniscus begins at the upper border of the decussation of the pyramids, where the sensory fibers are grouped into coarse bundles arching around the central gray matter (Fig. 110), and extends as far rostrally as do the gracile and cuneate nuclei, that is, to about the middle of the olive. In sections through the lower half of the olive the internal arcuate fibers describe broad curves through the reticular formation and their decussation occupies a considerable ventrodorsal extent of the raphé (Fig. 287).

The **arcuate fibers** of the medulla oblongata may be separated into two groups: those which run through the reticular formation constitute the internal arcuate fibers; and those which run over the surface of the medulla, the external arcuate fibers. The *internal arcuate fibers* are of at least three kinds:

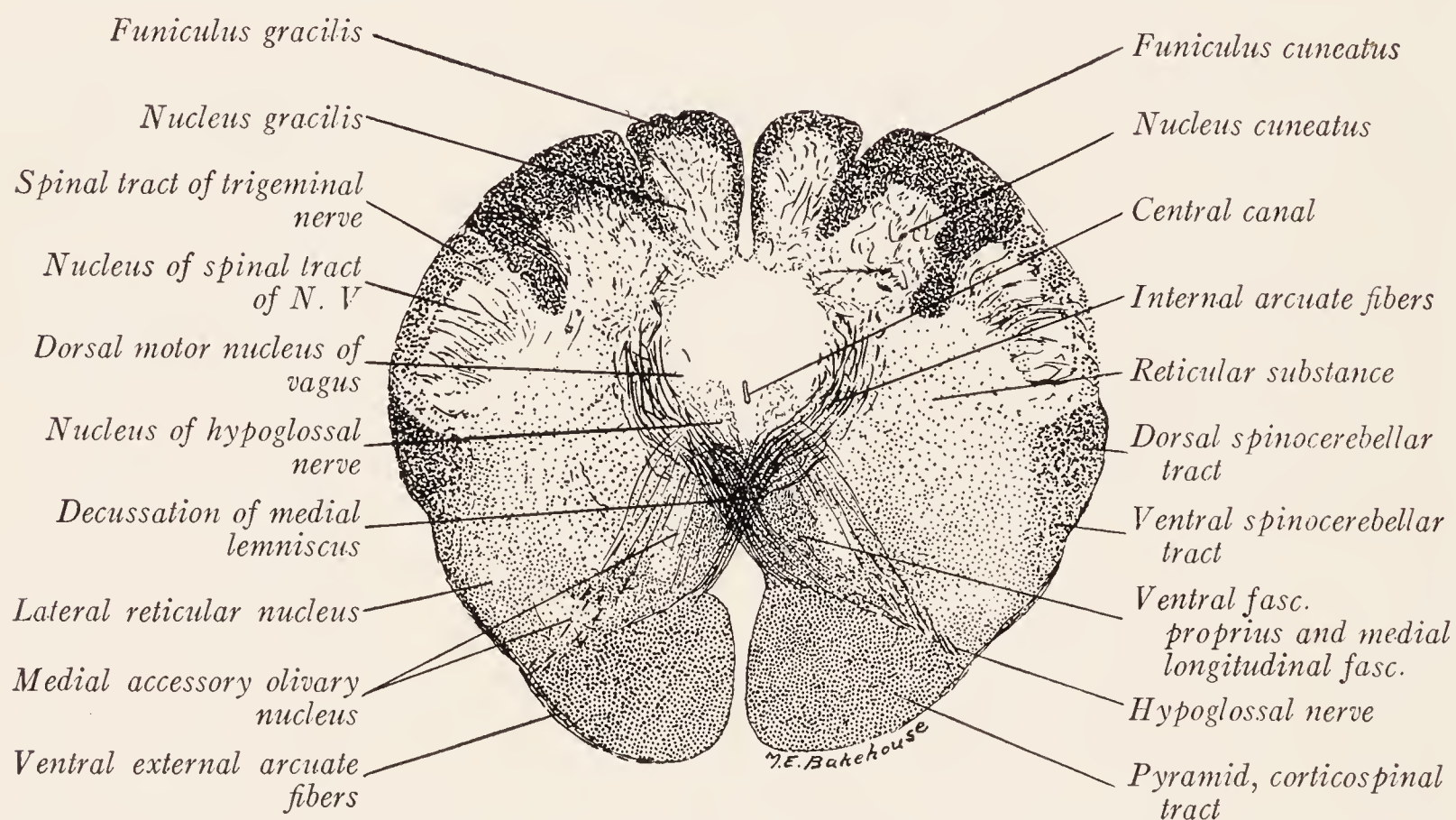


Fig. 110.—Section through the medulla oblongata of a child at the level of the decussation of the medial lemniscus. Pal-Weigert method. (X6.)

(1) those described in the preceding paragraph, which arise in the gracile and cuneate nuclei and form the medial lemniscus; (2) sensory fibers of the second order, arising in the sensory nuclei of the cranial nerves; and (3) olivocerebellar fibers, which will be considered in another paragraph. *Dorsal external arcuate fibers* arise from the large cells of the lateral cuneate nucleus and run laterally to the restiform body and through it to the cerebellum. Some of the *ventral external arcuate fibers* take origin from cells in the reticular formation, cross the raphé, emerge from the anterior median fissure, traverse the arcuate nuclei (Figs. 112, 114), and circumvent the pyramid and inferior olivary nucleus to reach the restiform body (Fig. 115). These are joined by a considerable number from the lateral reticular and arcuate nuclei. The arcuate nuclei are small irregular patches of gray matter situated on the ventromedial aspect of the pyramids.

It was formerly supposed that some of the internal arcuate fibers from the nuclei gracilis and cuneatus emerged from the anterior median fissure and became ventral external arcuate fibers of the opposite side but no such fibers are mentioned by Brun (1925) or by Ferraro and Barrera (1935, 1936). The latter authors state that, "The axons of the cells

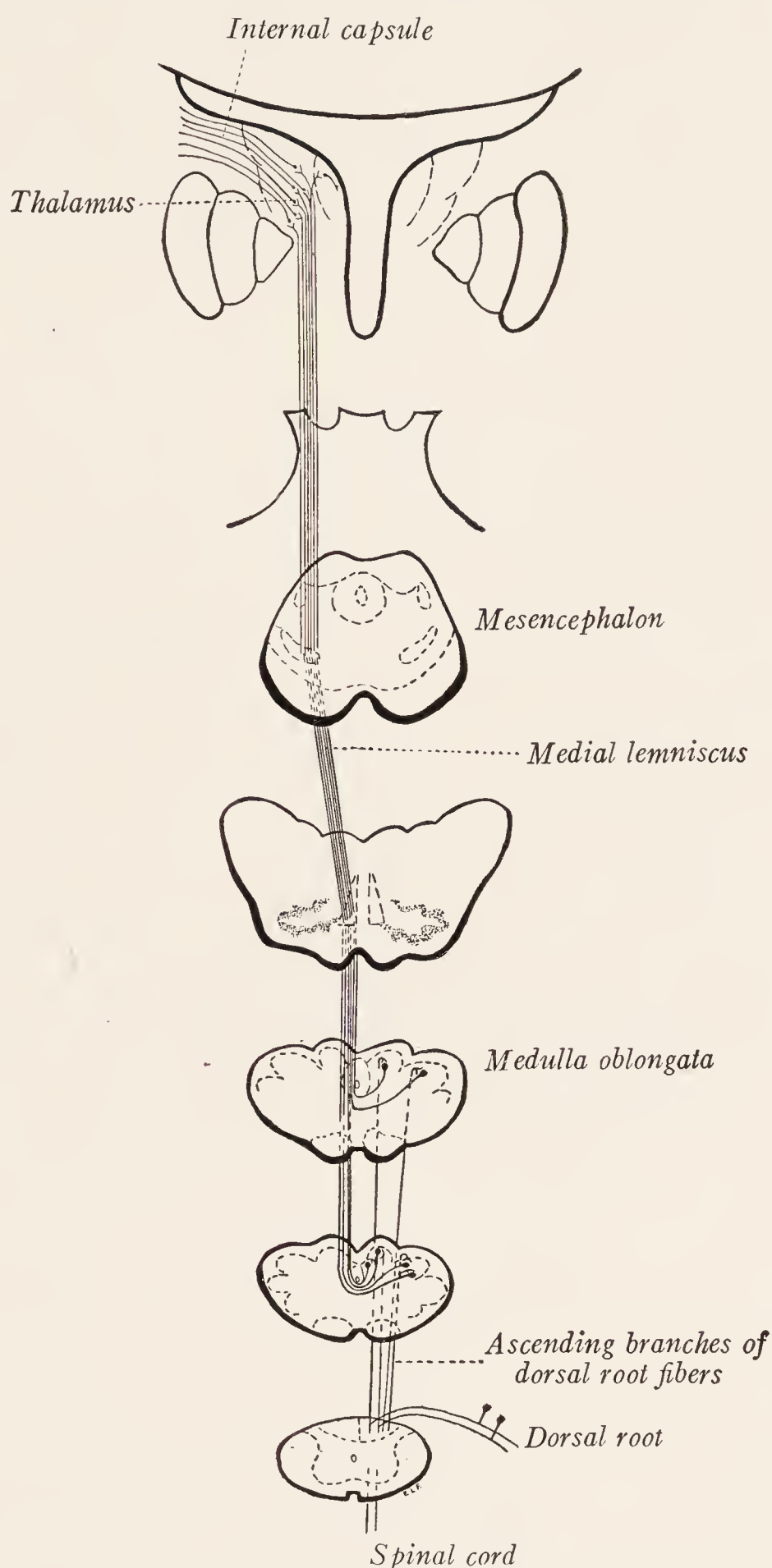


Fig. 111.—Diagram showing the origin, course, and termination of the medial lemniscus.

of the nucleus gracilis and nucleus cuneatus are sent into the medial lemniscus; whereas the axons of the cells of the external cuneate nucleus are sent to the cerebellum via the inferior cerebellar peduncle of the same side."

**Olivary Nuclei.**—The oval prominence in the lateral area of the medulla, known as the olive, is produced by the presence just beneath the surface of a



large gray mass, the inferior olivary nucleus, with which there are associated two accessory olivary nuclei. The *inferior olivary nucleus* is very conspicuous in the sections of this part of the medulla (Fig. 112). It appears as a broad, irregularly folded band of gray matter, curved in such a way as to enclose a white core, which extends into the nucleus from the medial side through an opening, known as the hilus. Considered as a whole this nucleus resembles a crumpled leather purse, with an opening, the hilus, directed medially (Figs. 344–353, inf ol). Sections at either end of the nucleus do not include this opening, and at these points the central core of white matter is completely surrounded by the gray lamina. The fibers which stream in and out of the hilus constitute the olivary

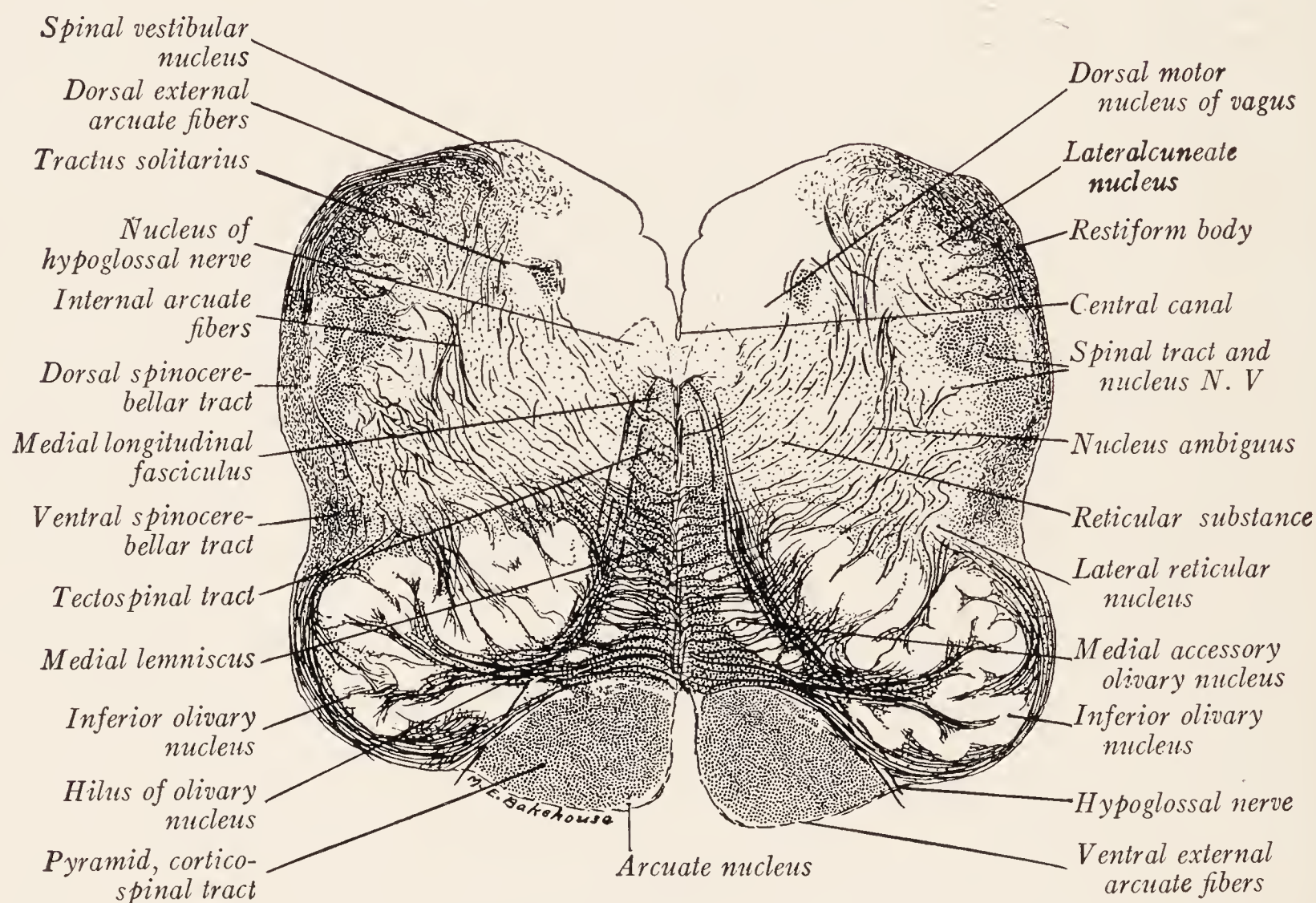


Fig. 112.—Section through the medulla oblongata of a child at the level of the olive. Pal-Weigert method. ( $\times 6$ .)

peduncle. The two accessory olives are plates of gray substance, which in transverse section appear as rods. The *medial accessory olivary nucleus* is placed between the hilus of the inferior olive and the medial lemniscus, while the *dorsal accessory olivary nucleus* is located close to the dorsal aspect of the chief nuclear mass (Figs. 344–350, m ac ol and d ac ol).

*Structure and Connections.*—The gray lamina of the inferior olivary nucleus consists of neuroglia and many rounded nerve-cells beset with numerous short, frequently branching dendrites, the axons of which run through the white core of the nucleus and out at the hilus as *olivocerebellar fibers* (Fig. 113). About these cells there ramify the end branches of several varieties of afferent fibers,



the origin of which is not well understood. Some come from a tract, designated as the thalamo-olivary fasciculus; but it is not certain that they have their origin in the thalamus; quite possibly they come from some other gray mass in that neighborhood. Another group of fibers, consisting chiefly of collaterals, comes from the ventral funiculus of the spinal cord and may be regarded as ascending sensory fibers (Cajal, 1909). These belong to the so-called spino-olivary fasciculus.

**Olivocerebellar Fibers.**—The axons from the cells of the inferior olivary nucleus stream out of the hilus, cross the median plane, and either pass through

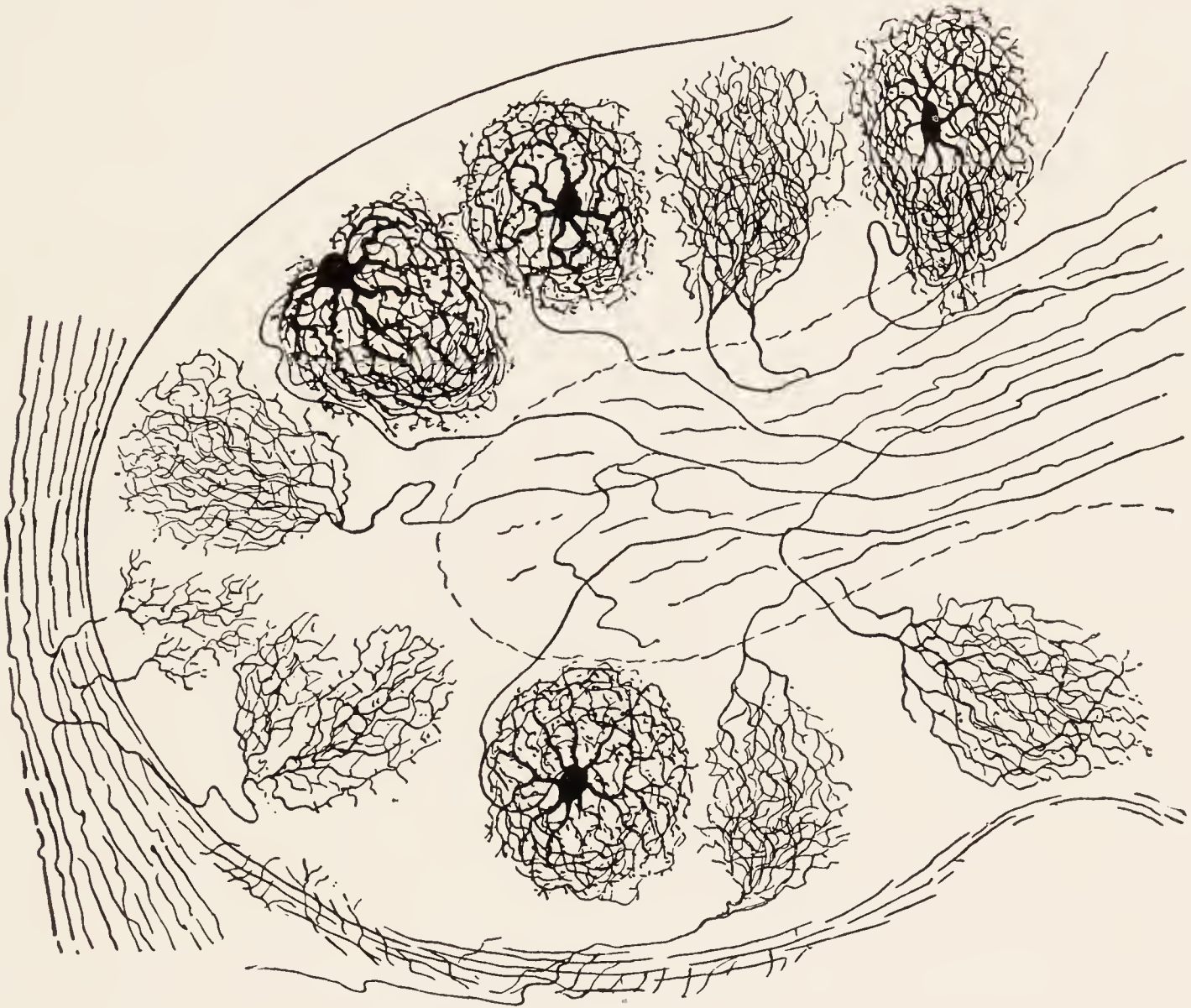


Fig. 113.—Diagram to illustrate the structure of the inferior olivary nucleus. (Cajal, Edinger.

or around the opposite nucleus. Here they are joined by some uncrossed fibers from the olivary nucleus of the same side (Brun, 1925). Thence they curve dorsally toward the restiform body, passing through the spinal tract of the trigeminal nerve which becomes split up into several bundles (Fig. 114). They form an important group of internal arcuate fibers, which run through the restiform body to the cerebellum and constitute the olivocerebellar tract (Fig. 115).

The **restiform body** or inferior cerebellar peduncle is a large and prominent strand of fibers which gradually accumulate along the lateral border of the caudal part of the fourth ventricle. It forms the floor of the lateral recess of that cavity and then turns dorsally into the cerebellum (Figs. 100, 101, 114, 293,



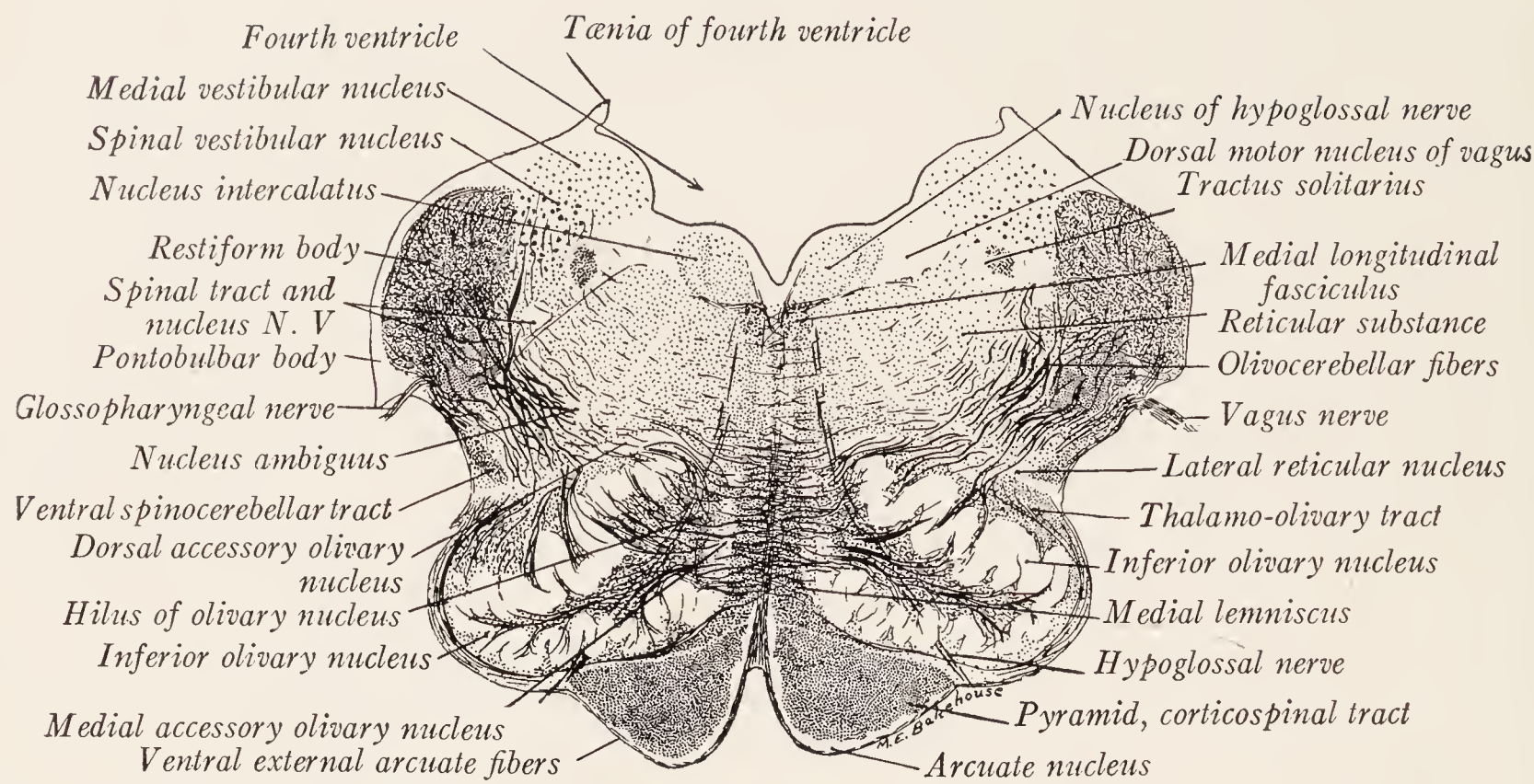


Fig. 114.—Section through the medulla oblongata of a child at the level of the restiform body. Pal-Weigert method. (X4.)

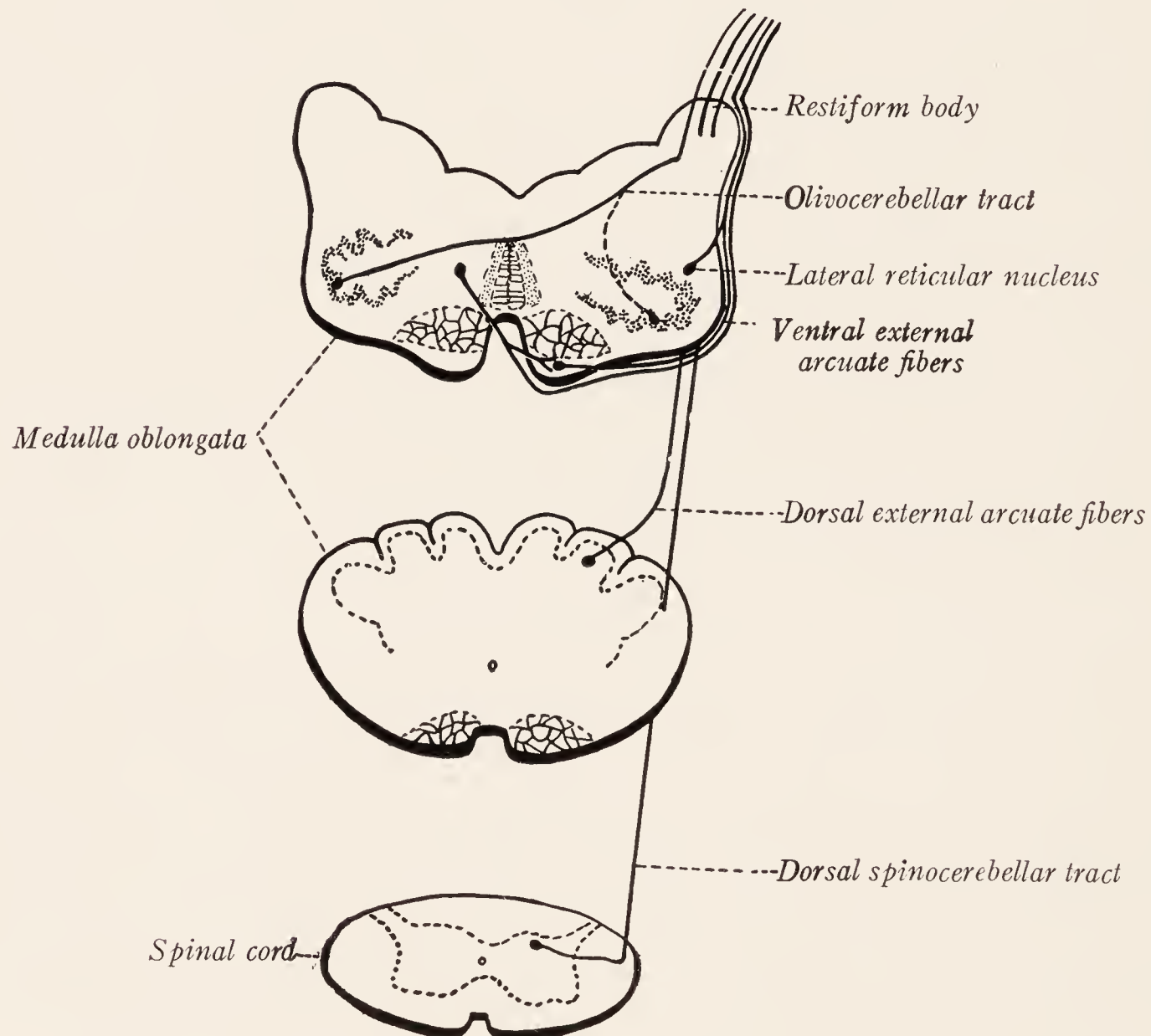


Fig. 115.—Diagram showing the fiber tracts which enter the restiform body from the medulla oblongata.

297, 299). It is composed for the most part of two large and important fascicles: (1) the *olivocerebellar fibers*, both direct and crossed, but chiefly from the inferior

olivary nucleus of the opposite side; and (2) the *dorsal spinocerebellar tract*, from the nucleus dorsalis of the spinal cord (Fig. 115). In addition, there are fibers in smaller number from other sources: (3) the *dorsal external arcuate fibers* from the cuneate nuclei of the same side; and *fibers* (4) *from the arcuate nucleus*, (5) *from the lateral reticular nucleus*, and possibly also from other cells scattered through the reticular formation (Van Gehuchten, 1904).

The **dorsal spinocerebellar tract** can readily be traced in serial sections of the medulla because the large, heavily myelinated fibers of which it is composed cause it to be deeply stained by the Weigert technic. It can be followed from the spinal cord along the periphery of the medulla oblongata near the posterior lateral sulcus. At first it lies ventral to the spinal tract of the trigeminal nerve (Figs. 109, 110). But at the level of the lower part of the olive it inclines dorsally, passing over the surface of the spinal tract of this nerve to reach the restiform

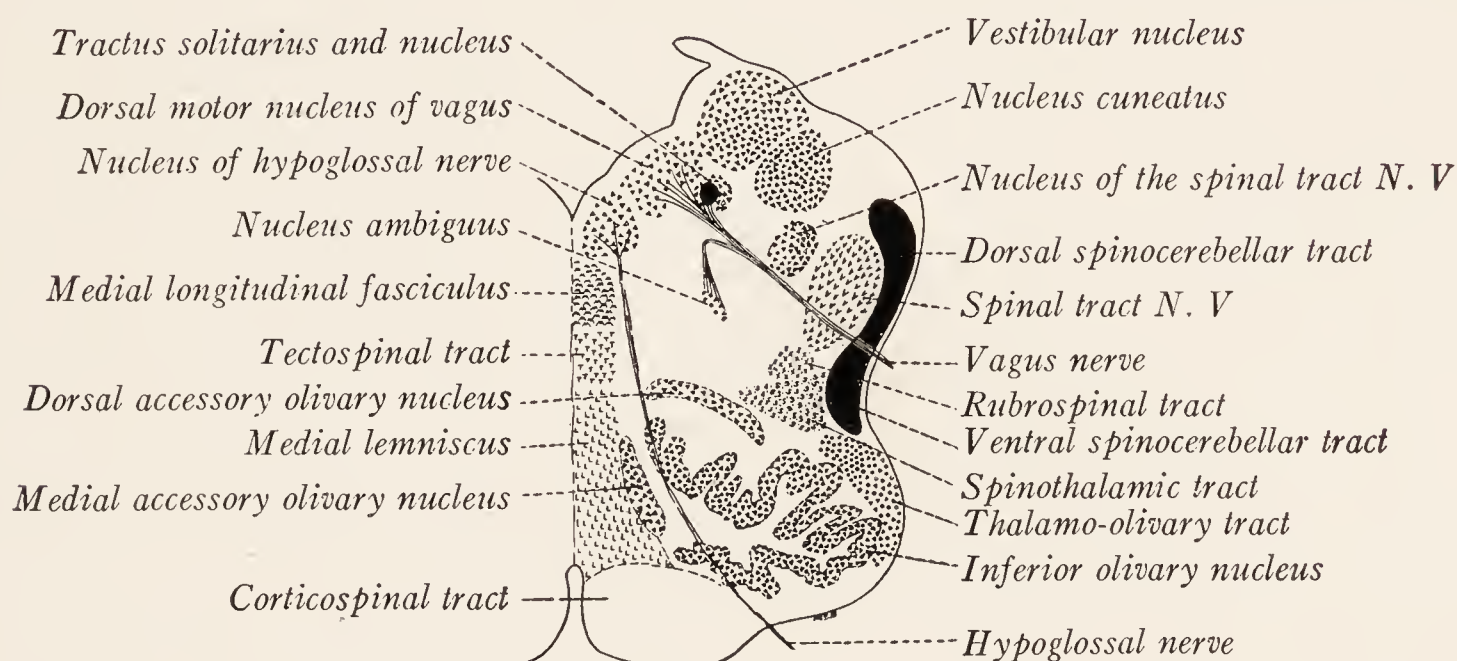


Fig. 116.—Diagram showing the location of the nuclei and fiber tracts of the medulla oblongata at the level of the olive.

body (Fig. 112). Between this tract and the olive we find the *ventral spinocerebellar tract* also in a superficial position.

The **spinal tract of the trigeminal nerve** is formed by the descending branches of the sensory fibers of that nerve. They give off collateral and terminal branches to a column of gray matter, resembling the substantia gelatinosa Rolandi, with which it is directly continuous, and designated as the *nucleus of the spinal tract of the trigeminal nerve* (Figs. 103, 109, 110, 112, 114, 341–350, sp V). The tract lies along the lateral side of the nucleus and is superficial except in so far as it is covered by the external arcuate fibers, the dorsal spinocerebellar tract, and the restiform body. It forms an elongated elevation, the tuberculum cinereum, on the surface of the medulla oblongata (Fig. 100).

The **formatio reticularis** fills the interspaces among the larger fiber tracts and nuclei. It is composed of small islands of gray matter, separated by fine bundles of nerve-fibers which run in every direction, but which are for the most part either longitudinal or transverse. It is subdivided into two parts. The



*formatio reticularis alba* is located dorsal to the pyramid and medial to the root filaments of the hypoglossal nerve and is composed in large part of longitudinal nerve-fibers belonging to the *medial lemniscus*, *tectospinal tract*, and the *medial longitudinal fasciculus* (Fig. 116). The latter is closely associated with the vestibular nerve and can best be described with the central connections of that nerve. The *formatio reticularis grisea* is found dorsal to the olive and lateral to the hypoglossal nerve. In it the nerve-cells predominate and the horizontally coursing internal arcuate fibers form a conspicuous feature. Its longitudinal fibers, though less prominent, are of great importance. The *descending fibers* include those of the *rubrospinal tract*, which can be followed into the lateral funiculus of the spinal cord, and the *thalamo-olivary fasciculus*, which ends in the olive. Among the *ascending fibers* are those of the *ventral* and *dorsal spinocerebellar*, the *spinothalamic*, and *spinotectal tracts*.

The *nerve-cells of the reticular formation* are scattered through the mesh of interlacing fibers. In certain localities they are more closely grouped and form fairly well-defined nuclei. Among these we may select two for special attention. The *lateral reticular nucleus* (Figs. 343–347, 1 ret) or nucleus of the lateral funiculus is a long column of cells found along the deep surface of the ventral spinocerebellar tract, from which it is said by André-Thomas to receive afferent fibers. At any rate, it receives fibers from the lateral funiculus of the spinal cord (Cajal, 1909) and sends its axons to the cerebellum by way of the restiform body (Van Gehuchten, 1904; Yagita, 1906). It seems, therefore, to be a way station on a sensory path from the spinal cord to the cerebellum. Isolated large cells of the motor type are found in the reticular formation. In the rostral part of the medulla there is an accumulation of very large cells situated dorsal to the olive, the *magnocellular nucleus of the reticular formation* (Figs. 349–353, mag fr). Some of these large cells give rise to fibers that descend into the spinal cord (reticulospinal tract, Papez, 1926).

The **nuclei of the cranial nerves** can best be considered in a separate chapter. At this point it will only be necessary to enumerate and locate the nuclei of those nerves which take origin from the medulla oblongata.

The **nucleus of the hypoglossal nerve** contains the cells of origin of the motor fibers which compose that nerve. It forms a long column of nerve-cells on either side of the median plane in the ventral part of the gray matter surrounding the central canal and in the floor of the fourth ventricle (Figs. 110, 112, 114, 142, 344–350, h). In the latter region it lies immediately beneath that part of the floor which was described in the preceding chapter under the name of the trigonum hypoglossi (Fig. 101). In reality, it corresponds only to the medial part of this eminence, for on its lateral side there is found another group of cells known as the nucleus intercalatus, the connections and functions of which have not been satisfactorily determined (Fig. 114). From their cells of origin the fibers of the hypoglossal nerve stream forward through the reticular formation to emerge at the lateral border of the pyramid.



The **nucleus ambiguus** is a long column of nerve-cells which give origin to the motor fibers that run through the *glossopharyngeal*, *vagus*, and *accessory nerves* to supply the striated musculature of the pharynx and larynx. It is located in the reticular formation of both the open and the closed portions of the medulla, ventromedial to the nucleus of the spinal tract of the trigeminal nerve (Figs. 112, 114, 341–352, amb).

The **dorsal motor nucleus of the vagus** lies along the lateral side of the nucleus of the hypoglossal. It occupies the ala cinerea of the rhomboid fossa and extends into the closed part of the medulla oblongata along the lateral side of the central canal (Figs. 101, 110, 112, 114, 142, 342–352, d mo vg). From the cells of this nucleus arise the efferent fibers of the vagus nerve which innervate smooth muscle and glandular tissue.

The *afferent fibers of the vagus and glossopharyngeal nerves* bend caudally and run within the tractus solitarius. This tract can be traced throughout almost the entire length of the medulla. It decreases in size as the descending fibers terminate in the gray matter which surrounds it (Figs. 103, 112, 114, 142, 287, 291).

The **nucleus of the tractus solitarius** is the nucleus of reception of the afferent fibers of the facial, glossopharyngeal and vagus nerves, *i. e.*, it contains the cells about which these afferent fibers terminate. It surrounds the tractus solitarius; and that part of it, which lies dorsal to this tract, is sometimes called the dorsal sensory nucleus of the glossopharyngeal and vagus nerves. The caudal end of the nucleus joins that of the opposite side forming the commissural nucleus (Figs. 344, 345, com), which is associated with the most caudal fibers of the tractus solitarius that cross the midline at this level.

## RESPIRATION AND BLOOD PRESSURE

**Receptors** of great importance for the regulation of respiration and blood pressure are situated in the *carotid sinus* and *aortic arch* and in the *aortic* and *carotid bodies* (Heymans et al, 1933). The carotid sinus is an enlargement of the carotid artery at its bifurcation; and in contact with it is the carotid body which has the appearance of a gland with thin-walled sinusoidal vessels. The aortic body with a similar structure lies in contact with the aortic arch. The glossopharyngeal nerve sends a branch to the carotid body and carotid sinus (Fig. 117). The vagus nerve supplies the aortic arch and aortic body. The fibers for the arch form a branch of the vagus, known as the depressor nerve, which in the rabbit runs a separate course through the neck from the level of the superior laryngeal nerve.

Tension on the arterial wall due to pressure of the contained blood is the stimulus activating the nerve endings in the carotid sinus and aortic arch. As the pressure rises stimulation increases and reflexly causes a fall in blood pressure and a slowing of the heart. On the other hand section of the branches of the glossopharyngeal and vagus nerves supplying these receptors removes this source of



inhibition allowing vasoconstriction and cardiac acceleration to cause a rise in blood pressure. The inhibitory effect of impulses from the carotid sinus and aortic arch is exerted through the vasomotor center in the reticular formation of the medulla.

The chemoreceptors of the carotid and aortic bodies are stimulated by the changes in the blood which occur during asphyxia, *i. e.*, by decreases in oxygen and by increases in carbon dioxide and in hydrogen ion concentration. Impulses arising in these receptors reach the respiratory center by way of the glossopharyngeal and vagus nerves; and, since these receptors are relatively resistant to asphyxia, they are able to drive that center when its activity is so impaired that it does not respond directly to the altered condition of the blood flowing through it.

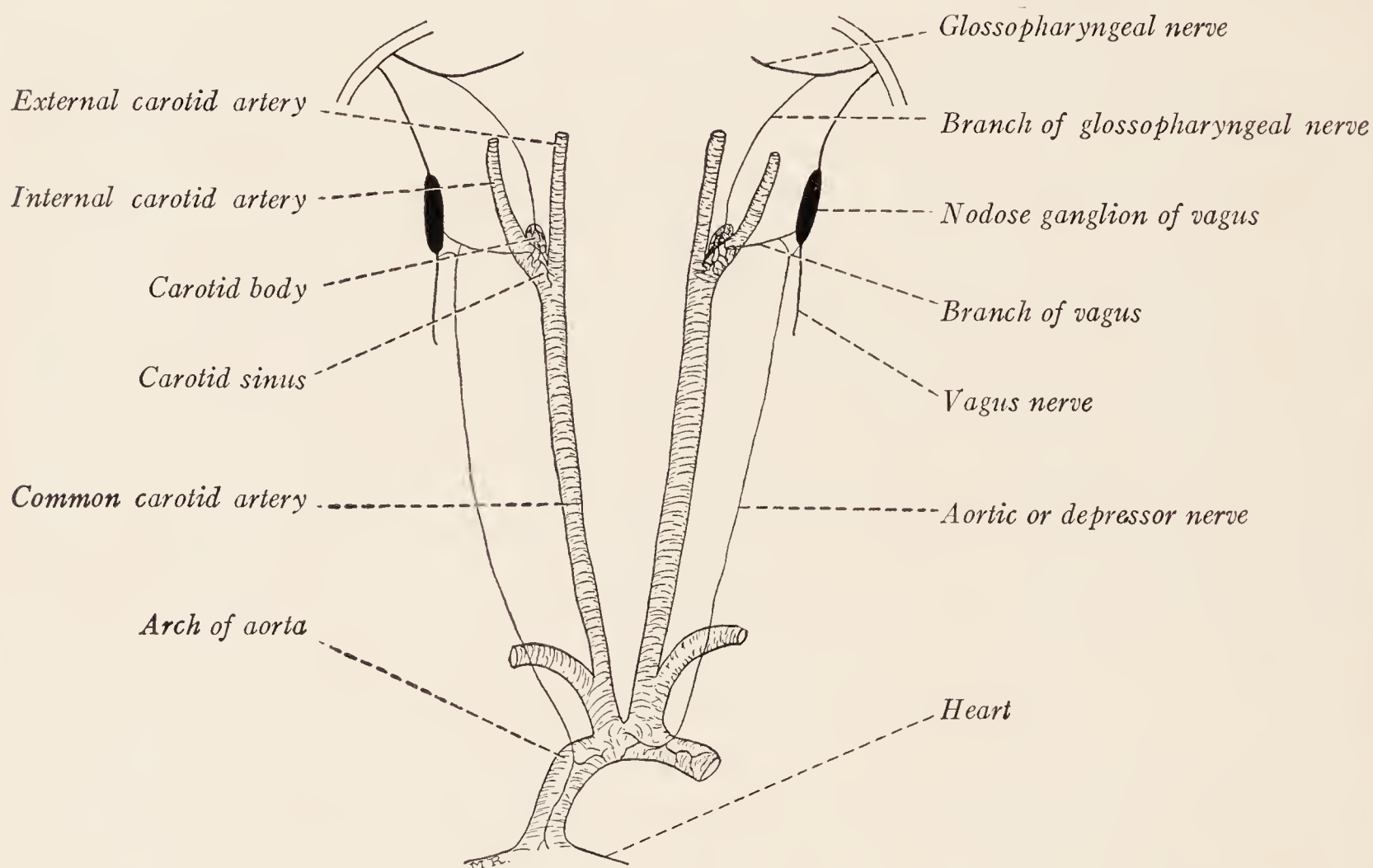


Fig. 117.—Nerves supplying the carotid body, carotid sinus, and aortic arch. (After Heymans.)

The **vasomotor center** is situated in the reticular formation of the medulla and perhaps extends upward into the pons. In an animal decerebrated by transection through the mesencephalon blood pressure and vascular reflexes are normal; but after a section through the lower part of the medulla blood pressure falls to a low level and the usual vascular reflexes are abolished.

The **respiratory center** is located in the reticular formation and extends from slightly below the pons to the level of the calamus scriptorius. Transection of the brain stem below the latter level stops respiration. When the interior of the medulla is explored in cats or monkeys with a needle electrode, through which stimulation is applied to one point after another in the reticular formation, either inspiration or expiration can be produced depending on the location of the point

stimulated (Pitts et al., 1939, 1940; Beaton and Magoun, 1941). The points in the reticular formation which cause expiration (circles in Fig. 118) lie dorsal to those that cause inspiration (represented by triangles). By this method it has been possible to determine the extent and outline of the respiratory center and to show that it includes a dorsal expiratory division, corresponding to the dorsal part of

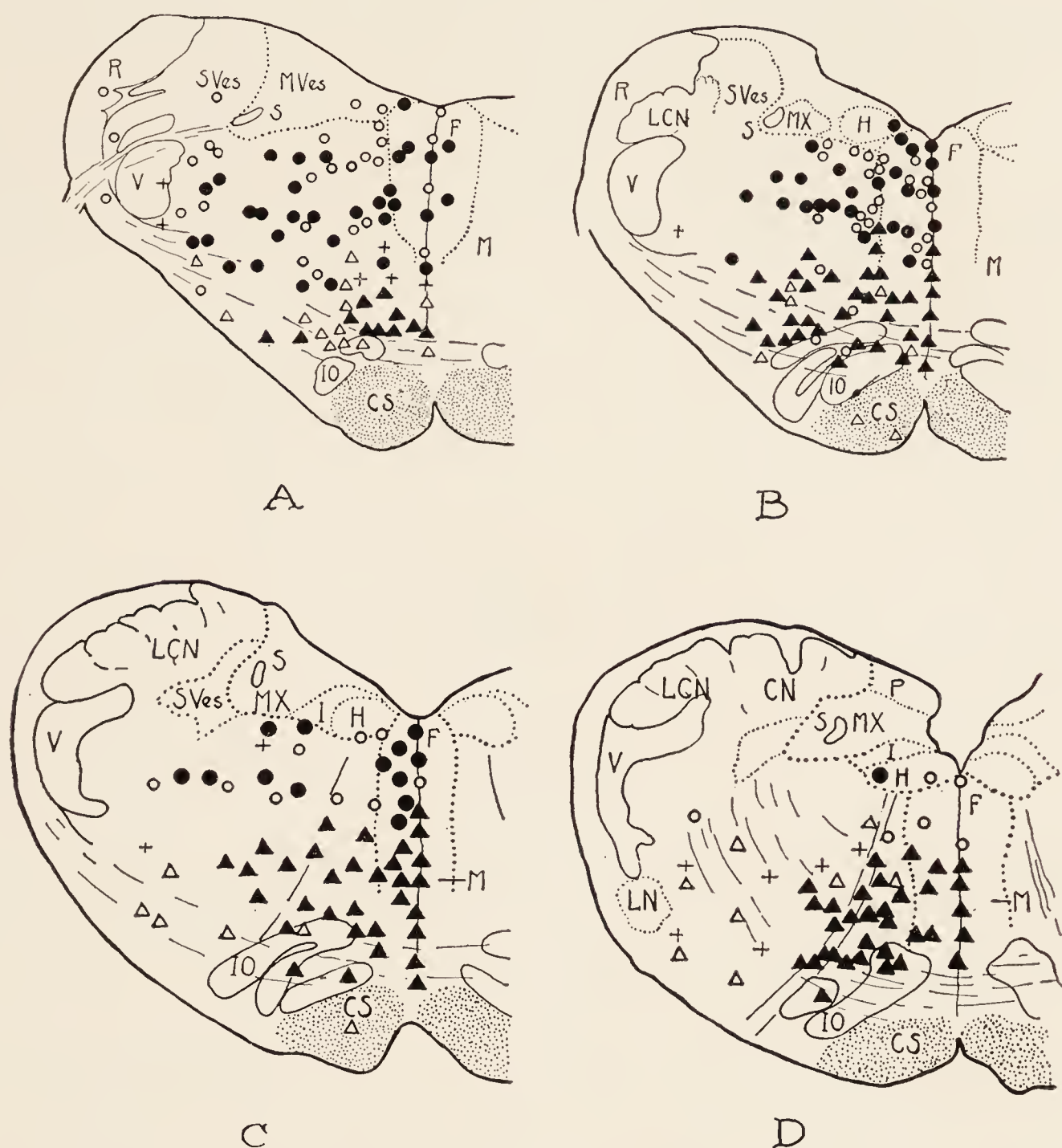


Fig. 118.—Sections of the medulla of the cat showing the location of the respiratory center and its separation into a ventrally situated inspiratory subdivision, marked by triangles, and a dorsally situated expiratory subdivision, marked by circles. (Pitts and Magoun.) CN, cuneate nucleus; CS, corticospinal tract; F, medial longitudinal fasciculus; H, hypoglossal nucleus; I, intercalate nucleus; IO, inferior olive; LCN, lateral cuneate nucleus; LN, lateral reticular nucleus; M, medial lemniscus; MX, motor nucleus of vagus; M ves, medial vestibular nucleus; P, area postrema; R, restiform body; S, tractus solitarius; S ves, spinal vestibular nucleus; V, spinal tract of trigeminal nerve.

the reticular formation, and a ventral inspiratory division, corresponding to the ventral part of the reticular formation. The outline and extent of each of these is shown for the cat in Fig. 119, in which to avoid overlapping the expiratory division is represented only on the left, the inspiratory division only on the right. It was formerly supposed that the respiratory center possessed an inherent rhyth-



micity of its own; but, whether or not this is true, its activity is controlled by the condition of the blood in its capillaries and by impulses reaching it from various sources especially from the lungs by way of the vagi.

The activity of the respiratory center can be augmented by a small increase in the *carbon dioxide tension of the blood* flowing through it. Changes in the oxygen tension and hydrogen ion concentration are less effective.

**Afferent impulses** aroused in the lungs by their alternate inflation and deflation reach the respiratory center by way of the vagus (Fig. 120). They are essential factors in the regulation of breathing. The impulses set up by inflation inhibit inspiration, those resulting from deflation excite it. The receptors from which these vagal impulses arise are located in the most distensible part of the lungs,

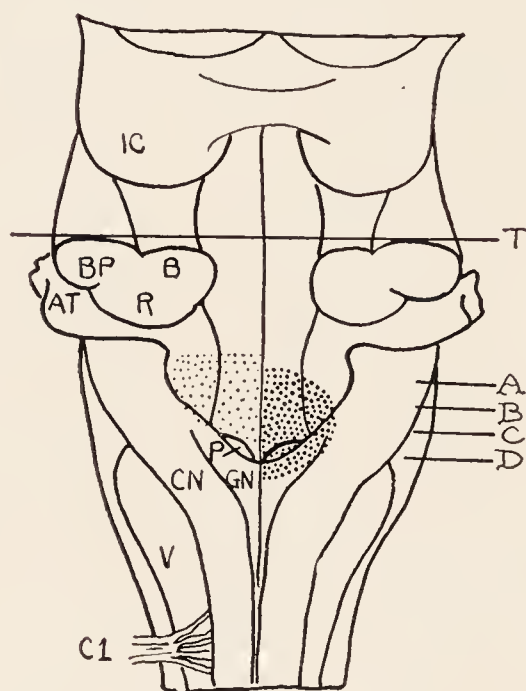


Fig. 119.—Dorsal view of brain stem of cat with cerebellum removed. Location of the respiratory center as projected on the floor of the fourth ventricle. To avoid overlapping, the expiratory subdivision is indicated only on the left, inspiratory only on the right. The lines on the right side of the figure show the levels of sections A, B, C, and D in Fig. 118. The line T shows the level of a transection of the brain stem, which, combined with bilateral section of the vagi, causes a continuous inspiratory spasm. (Pitts and Magoun.) AT, acoustic tubercle; B, brachium conjunctivum; BP, brachium pontis; C1, first cervical root; CN, cuneate nucleus; GN, gracile nucleus; IC, inferior colliculus; P, area postrema; R, restiform body; V, tuberculum cinereum.

probably in the alveolar ducts. Impulses reaching the respiratory center by way of the glossopharyngeal nerves from the carotid sinuses and carotid bodies and by way of the vagus from the aortic arch and aortic bodies (Fig. 117) are not important factors under ordinary conditions; but, when the sensitivity of the respiratory center has been impaired, as for instance under deep anesthesia, the chemoreceptors of the carotid and aortic bodies are stimulated by the decrease in oxygen and increase in carbon dioxide and in hydrogen ion concentration in the blood and drive the respiratory center when it would otherwise fail. Afferent impulses reach the respiratory center from other sources such as the trigeminal nerve and the nerves of the thoracic wall; but while such impulses can affect the respiratory rhythm they are not essential factors in normal breathing.

After section of both vagi the respiration becomes deep and slow because

impulses set up by stretching the lungs no longer act on the respiratory center to limit inspiration. A somewhat similar type of slow deep breathing is caused by transection of the pons at level *T*, Fig. 119. When such a transection is combined with section of both vagi, breathing is arrested in a state of deep inspiration. This has been explained on the assumption that a *pneumotaxic center* exists in the upper pons or mesencephalon which is able to act like the vagi in limiting inspira-

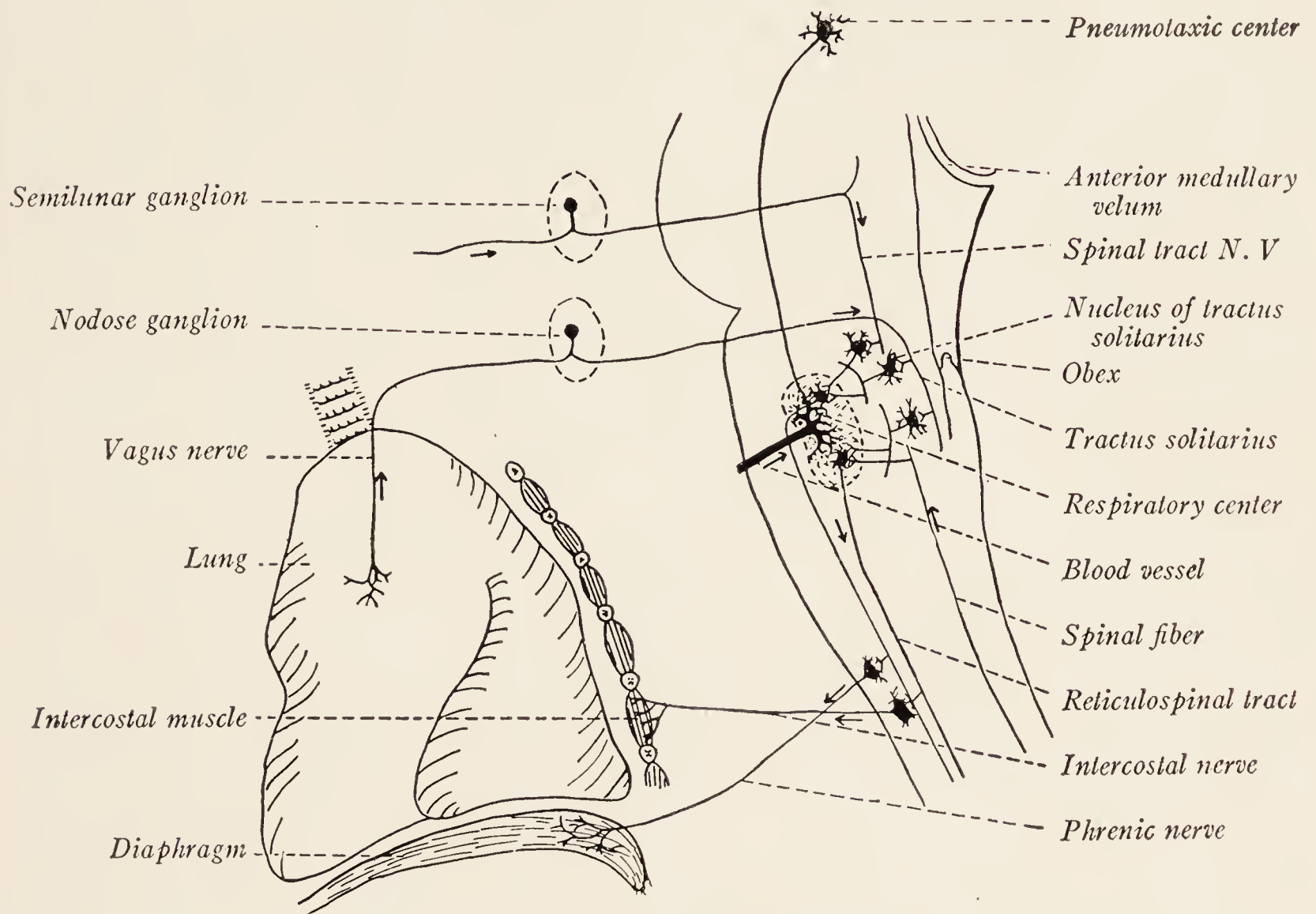


Fig. 120.—Reflex mechanism of respiration.

tion and allowing expiration to begin. If either one of these limiting mechanisms remains, breathing continues although it is deep and slow; if both are removed the chest is held in a fixed state of inspiration interrupted only by the death of the animal (Stella, 1938; Pitts et al., 1939).

**Descending fibers** from the respiratory center run to the anterior gray columns of the thoracic and third, fourth, and fifth cervical segments of the spinal cord through the anterior funiculus and the anterior part of the lateral funiculus.



## CHAPTER XI

### INTERNAL STRUCTURE OF THE PONS

THE pons consists of two portions which differ greatly in structure and significance. The *dorsal* or *tegmental part* resembles the medulla oblongata, of which it is the direct continuation. The *ventral* or *basilar portion* contains the longitudinal fibers which go to form the pyramids; but except for these it is composed of structures which are peculiar to this level. It is a recent phyletic development and forms a prominent feature of the brain only in those mammals which have relatively large cerebral and cerebellar hemispheres, as might be expected from the fact that it forms part of a conduction path uniting these structures.

#### THE BASILAR PART OF THE PONS

The basilar portion of the pons is the larger of the two divisions. It is made up of fascicles of longitudinal and transverse fibers and of irregular masses of gray substance, which occupy the spaces left among the bundles of nerve-fibers and which are known as the nuclei pontis.

The **longitudinal fasciculi** of the pons consist of two kinds of fibers: (1) those of the *corticospinal tract*, which are continued through the pons into the pyramids of the medulla oblongata; and (2) those which end in the nuclei of the pons and are known as *corticopontile* or *corticopontine fibers* (Fig. 121). As they pass through the pons the corticospinal fibers give off collaterals which also end in these nuclei. The longitudinal fibers enter the pons at its rostral border from the basis pedunculi. At first they form on either side a single compact bundle; but this soon becomes broken up into many smaller fascicles, which are separated from each other by the transverse fibers and nuclei of the pons (Fig. 123). At the caudal border these bundles again become assembled into a compact strand which is continued as the pyramid of the medulla oblongata (Fig. 122). It is evident, however, that the volume of the bundles is much greater at the rostral than at the caudal border. This is to be explained by the fact that the corticopontile fibers have left these bundles during their passage through the pons and have come to an end by arborization within the nuclei pontis.

The **transverse fibers** are designated as *fibræ pontis* and are divisible into a superficial and a deep group (*fibræ pontis superficiales* and *fibræ pontis profundæ*). Those of the superficial group lie ventral to the longitudinal fasciculi; while the deep transverse bundles interlace with the longitudinal ones or lie dorsal to them. The majority of the *fibræ pontis* cross the median plane. These are joined by some uncrossed fibers and gathered together on either side of the pons to form a compact and massive strand, known as the *brachium pontis* or

middle cerebellar peduncle, which curves dorsally to enter the white center of the cerebellum (Figs. 100, 123).

Along the rostral border of the pons and brachium pontis one or two fiber bundles are sometimes found which run an isolated course to the cerebellum. These are known as the *fila lateralia pontis* or *tænia pontis* (Fig. 100). According to Horsley (1906) the constituent fibers arise from a ganglion situated caudal to the interpeduncular ganglion, decussate at once, and end in the cerebellum in the neighborhood of the dentate nucleus. Perhaps they represent slightly displaced *fibræ pontis*. Some of the transverse fibers on reaching the median plane bend at right angles and run as *fibræ rectæ* toward the *pars dorsalis pontis* (Fig. 301). According to Edinger (1911) these belong in part to the *tractus cerebelloteg-*

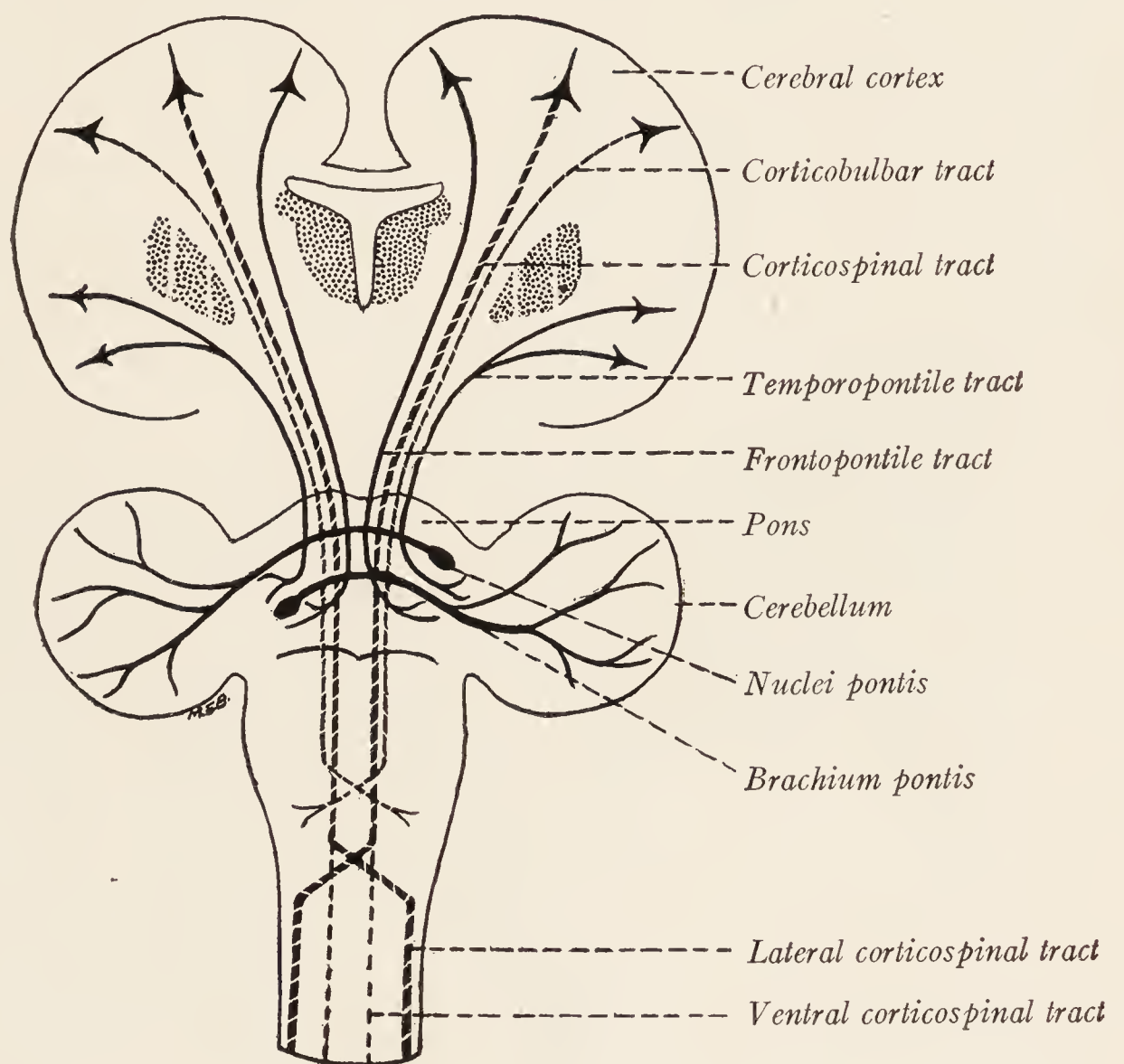


Fig. 121.—Diagram of the cortico-ponto-cerebellar pathway and the corticospinal and corticobulbar tracts.

*mentalis pontis*, which arises in the nuclei of the cerebellum and runs through the brachium pontis to end in the reticular formation of the opposite side. Others are fibers joining cells in the tegmentum with the cerebellum (Kappers, Huber and Crosby, 1936).

The **nuclei pontis**, which are continuous with the arcuate nuclei of the medulla oblongata, contain medium sized rounded or polygonal cells, the axons of which are continuous with the *fibræ pontis* (Figs. 354–363, p). There are also some small nerve-cells of Golgi's Type II, the short axons of which end in adjacent gray matter. Within these nuclei terminate the fibers of the corticopontile tracts and some collaterals from the corticospinal fibers. Collaterals from the



medial lemniscus are also found arborizing in those nuclei of the pons which lie immediately ventral to that bundle.

The pons serves to establish an important and for the most part crossed connection between the cerebral hemispheres and the cerebellum, a *cortico-ponto-cerebellar path*. The corticopontile fibers take origin from pyramidal cells in the frontal and temporal lobes and end in the nuclei pontis. Arising from the cells in these nuclei, most of the transverse fibers cross the median plane and reach the opposite cerebellar hemisphere through the brachium pontis (Fig. 121).

#### THE DORSAL OR TEGMENTAL PART OF THE PONS

The dorsal or tegmental part of the pons (*pars dorsalis pontis*) resembles in structure the medulla oblongata (Fig. 123). On its dorsal surface there is a thick layer of gray matter which lines the rhomboid fossa. Between this layer

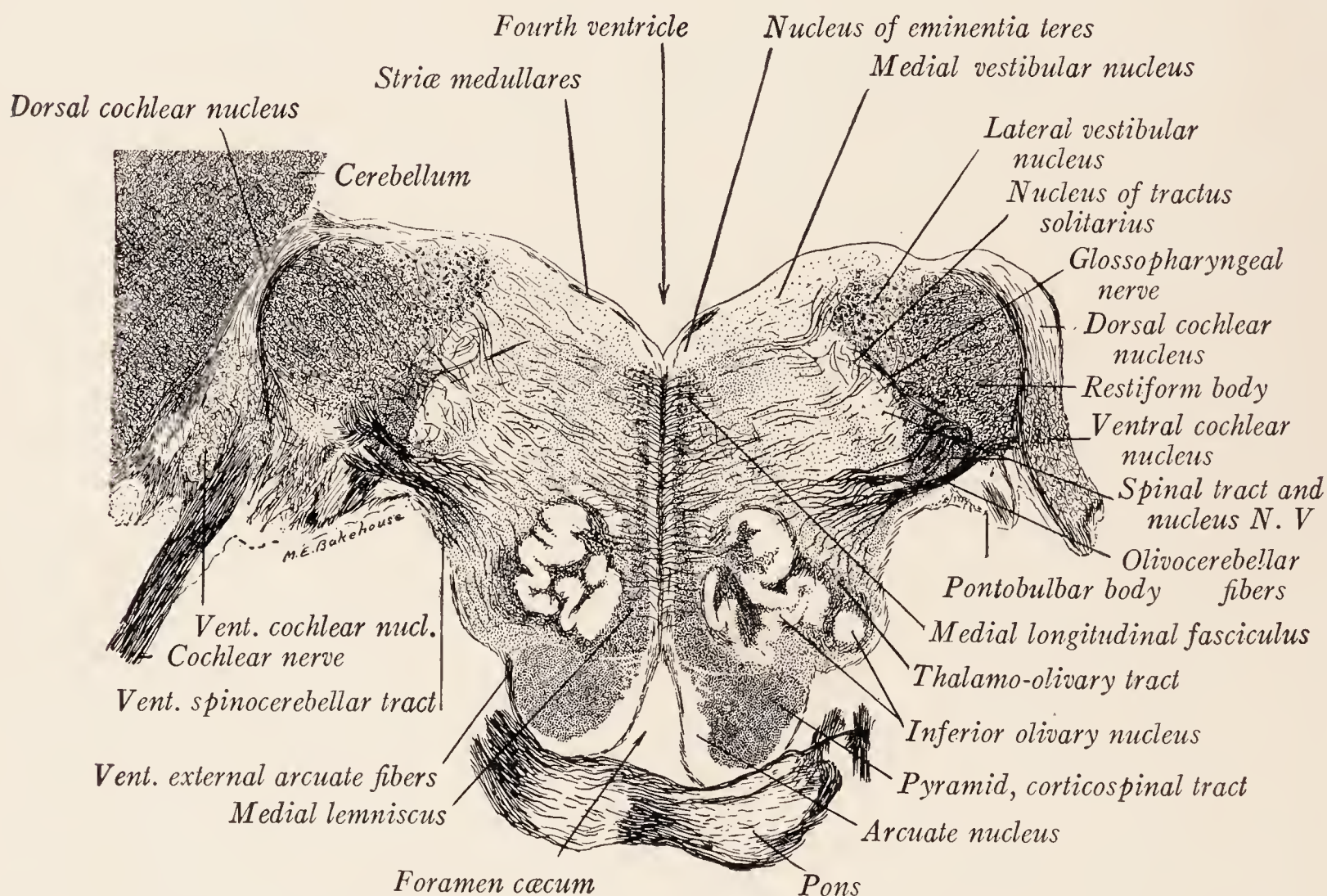


Fig. 122.—Section through caudal border of the pons and the cochlear nuclei of a child. Pal-Weigert method. (×4.)

and the basilar portion of the pons is the *reticular formation* divided by the median raphé into two symmetric halves. This has essentially the same structure here as in the medulla oblongata, and contains the continuation of many longitudinal tracts with which we are already familiar. The *restiform body* at first occupies a position similar to that which it has in the medulla, along the lateral border of the rhomboid fossa; but it soon bends dorsally into the cerebellum.

**The Cochlear Nuclei.**—At the point of transition between the medulla and pons the restiform body is partly encircled on its lateral aspect by a mass of



gray matter formed by the *terminal nuclei of the cochlear division of the acoustic nerve* (Figs. 122, 293, 295, 351–353, dc and vc). There may be distinguished a *dorsal* and a *ventral cochlear nucleus* at the dorsal and ventral borders of the restiform body. Within these nuclei the fibers of the cochlear nerve end; while those of the vestibular nerve plunge into the substance of the pons ventromedially to the restiform body to reach the floor of the fourth ventricle (Fig. 149). Fibers from the dorsal cochlear nucleus run medially beneath the floor of the fourth ventricle and, sinking into the tegmentum, join the fibers from the ventral cochlear nucleus in the trapezoid body.

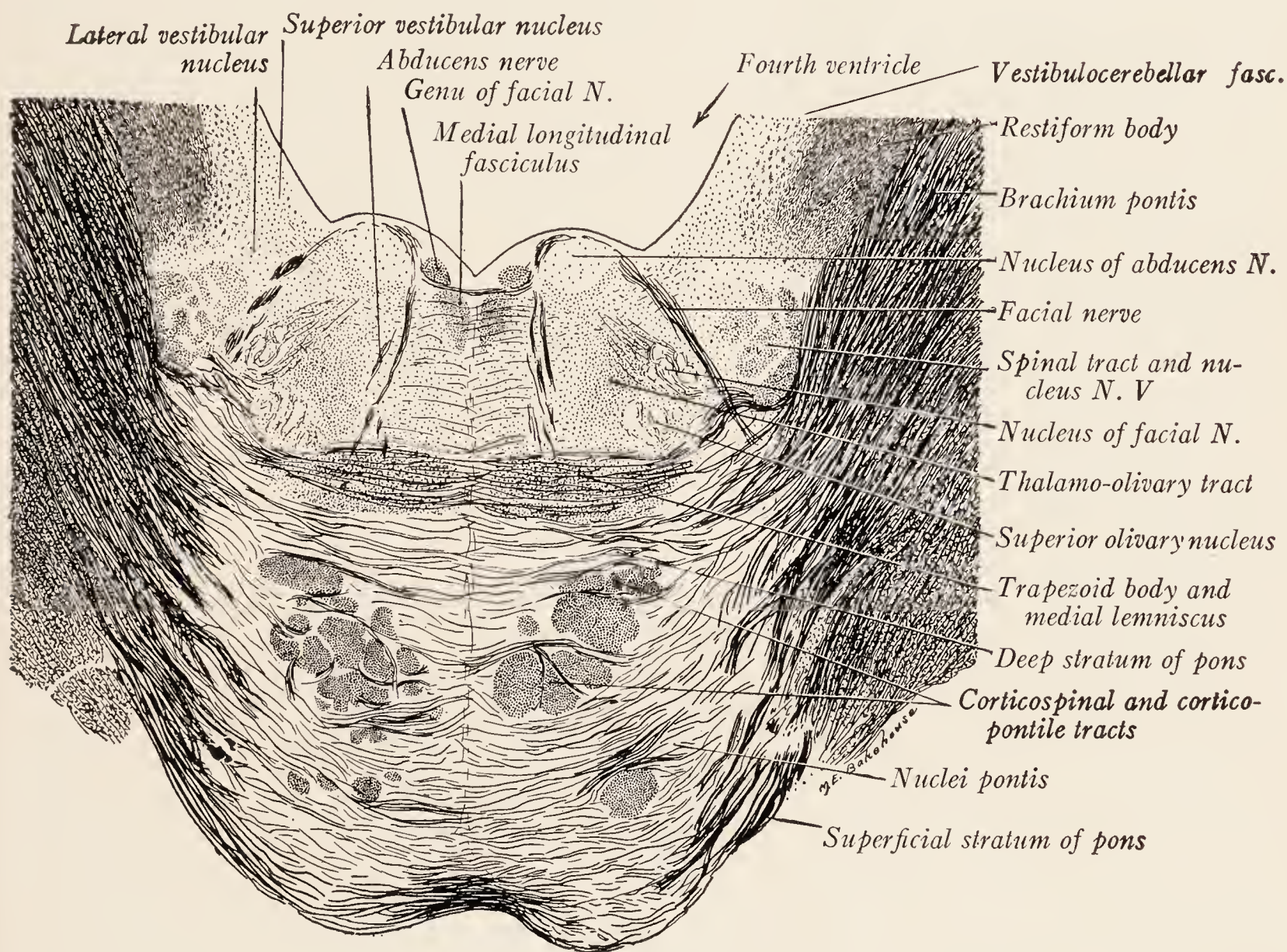


Fig. 123.—Section through the pons of a child at the level of the facial colliculus. Pal-Weigert method. (×4.)

The **trapezoid body** (*corpus trapezoideum*) is covered by the *pars basalis pontis*. In sections through the more caudal portions of the pons the trapezoid body forms a conspicuous bundle of transverse fibers in the ventral portion of the reticular formation (Fig. 123). The fibers are associated with the terminal nuclei of the cochlear nerve, especially the ventral one, and with the superior olivary nucleus, around the ventral border of which they swing in such a way as to form a bay for its reception. Farther medialward they pass through the medial lemniscus at right angles to its constituent fibers and decussate in the median raphé. The trapezoid body describes a curve with convexity directed rostrally as well as ventrally, and as a result its lateral portions are seen best in sections through the



lower border of the pons, while the rest of it is in evidence in sections at a higher level. Arising from the ventral nucleus of the cochlear nerve (Fig. 122) these fibers pass, with or without interruption in the superior olivary nucleus, across the median plane (Fig. 123); and, on reaching the lateral border of the opposite superior olivary nucleus, they turn rostrally to form a longitudinal band of fibers known as the lateral lemniscus (Fig. 125). This is a part of the central auditory pathway, the connections of which are represented diagrammatically in Fig. 149.

The **superior olivary nucleus** is a small mass of gray matter located in the ventrolateral portion of the reticular formation of the pons in close relation to the trapezoid body and not far from the rostral pole of the inferior olivary nucleus (Figs. 123, 125, 356, sup ol). It consists of two or three separate but closely associated nuclear masses, within which there ramify collaterals from the fibers of the trapezoid body. From the dorsal aspect of this nucleus a bundle of fibers known as the peduncle of the superior olive, makes its way toward the nucleus of the abducens nerve, and it may be that some of these fibers enter the medial longitudinal bundle (Fig. 139).

The **nuclei of the vestibular nerve** lie in the floor of the fourth ventricle, where they occupy a field with which we are already familiar, namely, the *area acustica* (Fig. 101). The vestibular fibers on approaching the rhomboid fossa divide into ascending and descending branches, and terminate in four nuclear masses: (1) the *medial* (dorsal or principal) *vestibular nucleus* (Figs. 114, 122), (2) the *lateral vestibular nucleus* of Deiters (Fig. 122), (3) the *superior vestibular nucleus* of Bechterew (Fig. 123), and (4) the *spinal* or descending *vestibular nucleus* (Fig. 114). These are represented diagrammatically in Fig. 151.

**The Vestibulocerebellar Fasciculus.**—Ascending branches from some of the vestibular nerve fibers, accompanied by fibers from the lateral and superior vestibular nuclei, run to the cerebellum along the medial side of the restiform body. These fibers constitute the vestibulocerebellar fasciculus (Fig. 123). They end in the vestibular parts of the cerebellum (nodulus, uvula, lingula, and the fastigial nuclei). The mass formed by these fibers and the gray substance through which they pass constitute what has been called the medial part of the restiform body or the juxta-restiform body.

The **medial longitudinal fasciculus** is an important bundle which extends from near the floor of the third ventricle to the spinal cord, and is especially concerned with the reflex control of the movements of the head and eyes. A large proportion of its fibers are derived from the vestibular nuclei. From this origin the fibers pass through the reticular formation to the medial longitudinal fasciculus of the same or the opposite side (Fig. 124). Some of the fibers bifurcate, but a majority of them turn either up or down to become ascending or descending fibers within the fasciculus (Fig. 151). The former terminate in the nuclei of the oculomotor, trochlear, and abducens nerves, the latter in the nucleus of the spinal accessory nerve and in the columna anterior of the cervical portion of the spinal cord. In this way there is established a path for the reflex control of

the movement of the head, neck, and eyes in response to stimulation of the nerve endings in the semicircular canals of the ears. Another important group of fibers within this fasciculus takes origin from the *interstitial nucleus* situated in the zone of transition between the hypothalamus and mesencephalon medial to the rostral end of the red nucleus (Fig. 367). The nucleus of Darkschewitsch, often called the nucleus of the posterior commissure, is said to contribute fibers to the medial longitudinal fasciculus. Still other fibers serve to connect the nuclei

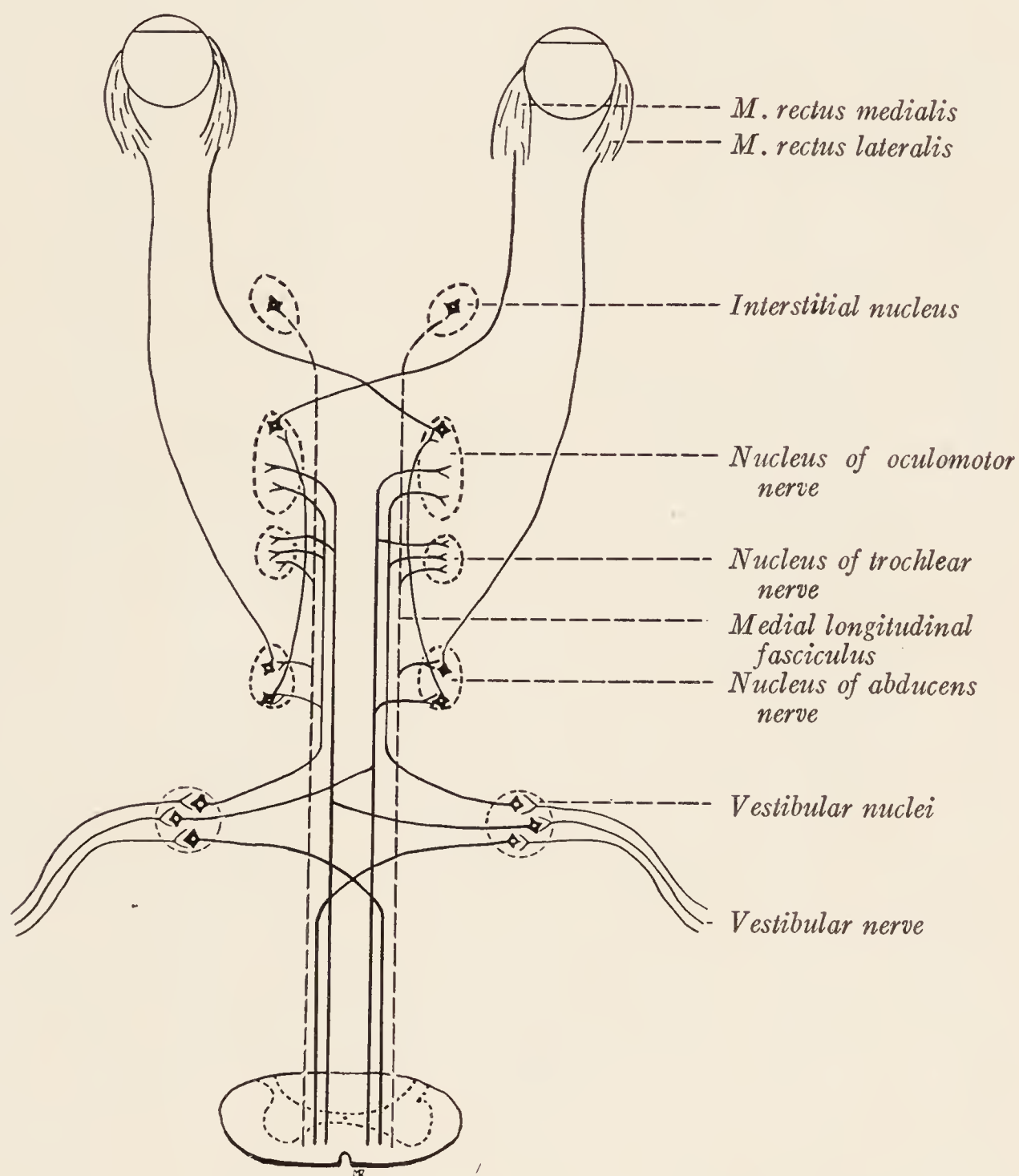


Fig. 124.—Diagram showing the connections of the medial longitudinal fasciculus. (Modified from Villiger.)

of the third, fourth and sixth cranial nerves with each other, with the motor nuclei of the seventh and eleventh cranial nerves and with the motor cells of the cervical spinal cord. Details concerning the origin of the vestibular fibers of the medial longitudinal fasciculus are given on page 192 and in Fig. 151.

The *medial longitudinal fasciculus* contains fibers which are continued upward from the *ventral funiculus* of the spinal cord. These fibers are displaced dorso-laterally by the decussation of the pyramids (Fig. 109) and then still farther



dorsally by the decussation of the lemniscus (Fig. 110) until they come to lie in the most dorsal part of the substantia reticularis alba (Fig. 112), which position they occupy throughout the remainder of their course. The fasciculus is found ventral to the nucleus of the hypoglossal nerve (Fig. 114) and in close apposition to the nuclei of the three motor nerves of the eye (Figs. 123, 129, 131).

The **medial lemniscus** can also be traced within the reticular formation from the medulla into and through the pons. But this broad band of longitudinal fibers, which was spread out along the median raphé in the medulla, shifts ventrally in the pons, assuming first a somewhat triangular outline and a ventromedian position (Fig. 122); then by shifting farther lateralward it takes again the form of a flat band (Figs. 123, 125). But now it is compressed ventrodorsally and occupies the ventral part of the reticular formation, its fibers crossing those of the trapezoid body at right angles. It must not be forgotten that the medial lemniscus is composed of longitudinal fibers, and it is by the gradual shifting of these that the bundle as a whole changes shape and position. As it is displaced ventrally it separates from the medial longitudinal bundle, which retains its dorsal position.

The **motor nucleus of the facial nerve** occupies a position in the reticular formation dorsal to the superior olive (Figs. 123, 353–356, fac). It is an oval mass of gray matter, which extends from the lower border of the pons to the level of the facial colliculus, and contains the cells of origin of the fibers which innervate the platysma and muscles of the face. These fibers emerge from the dorsal surface of the nucleus and run dorsomedially toward the floor of the fourth ventricle. Somewhat widely separated at first, they become united on the medial side of the abducens nerve into a compact strand, which as the *genu of the facial nerve* partly encircles this nucleus, and which then runs ventrolaterally between the spinal tract of the trigeminal nerve and its own nucleus toward its exit from the brain (Figs. 123–139).

The **nucleus of the abducens nerve** along with the genu of the facial produces a rounded elevation in the rhomboid fossa, known as the *facial colliculus* (Figs. 101, 123, 356, abd). It is a spheric mass of gray matter containing the cells of origin of the fibers which innervate the lateral rectus. These emerge from the dorsal and medial surfaces of the nucleus and run ventrally more or less parallel to the median raphé toward their exit at the lower border of the pons.

**The Nuclei of the Trigeminal Nerve.**—In transverse section through approximately the middle of the pons we encounter the fibers of the trigeminal nerve and two associated masses of gray matter, the *motor* and *main sensory nuclei* of that nerve (Fig. 125). These are located close together in the dorsolateral part of the reticular formation near the groove between the middle and superior cerebellar peduncles. Of the two, the *sensory nucleus* is the more superficial. It is, in reality, not a new structure, but rather the enlarged rostral extremity of the column of gray matter which we have followed upward from the substantia gelatinosa Rolandi of the spinal cord and have designated as the *nucleus of the*



*spinal tract* of the trigeminal nerve (Figs. 109, 112). On the medial side of the main sensory nucleus is found the *motor nucleus*, a large oval mass of gray matter from the cells of which arise the motor fibers for the muscles of mastication. Some of the fibers of the trigeminal nerve, passing between these two nuclei, are continued as the *mesencephalic root of the trigeminal nerve* (Figs. 125, 126). Reaching the gray matter in the lateral wall of the rostral part of the fourth ventricle, this bundle of fibers turns rostrally along the medial side of the brachium conjunc-

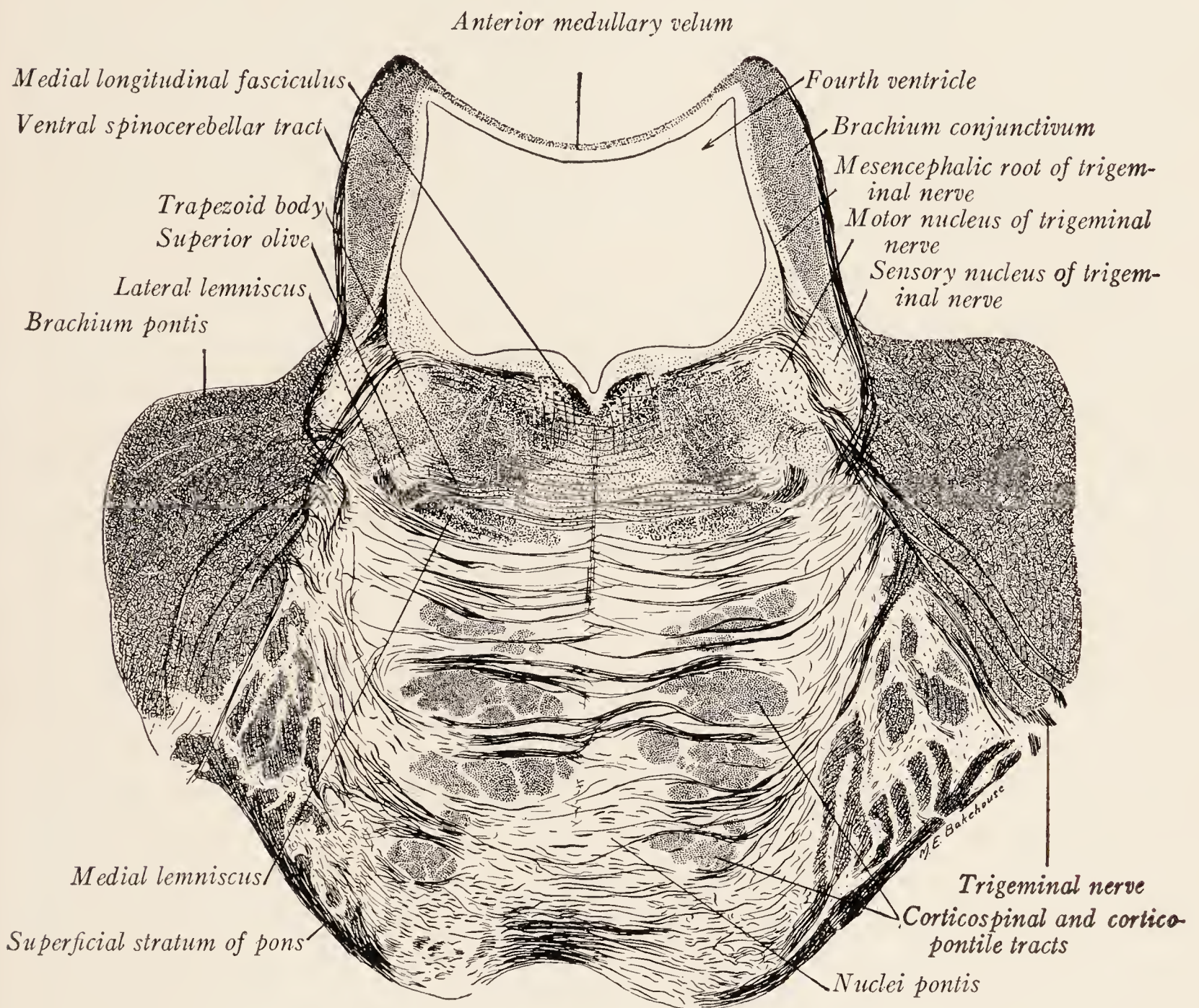


Fig. 125.—Section through the pons of a child at the level of the motor nucleus of the trigeminal nerve. Pal-Weigert method. ( $\times 4$ .)

tivum (Fig. 127). It extends into the mesencephalon in the lateral part of the gray matter which surrounds the cerebral aqueduct (Fig. 129). The fibers of this root take origin from large unipolar cells scattered along its course and constituting the *mesencephalic nucleus* of the trigeminal nerve.

It will be apparent from this description that there are four nuclear masses associated with the trigeminal nerve, namely, the nucleus of the spinal tract, the main sensory, the motor, and mesencephalic nuclei. The relations which each of these groups of cells bears to the fibers of the trigeminal nerve are illus-



trated in Fig. 126. Note that those fibers which arise from cells in the semilunar ganglion divide into short ascending and long descending branches. The former

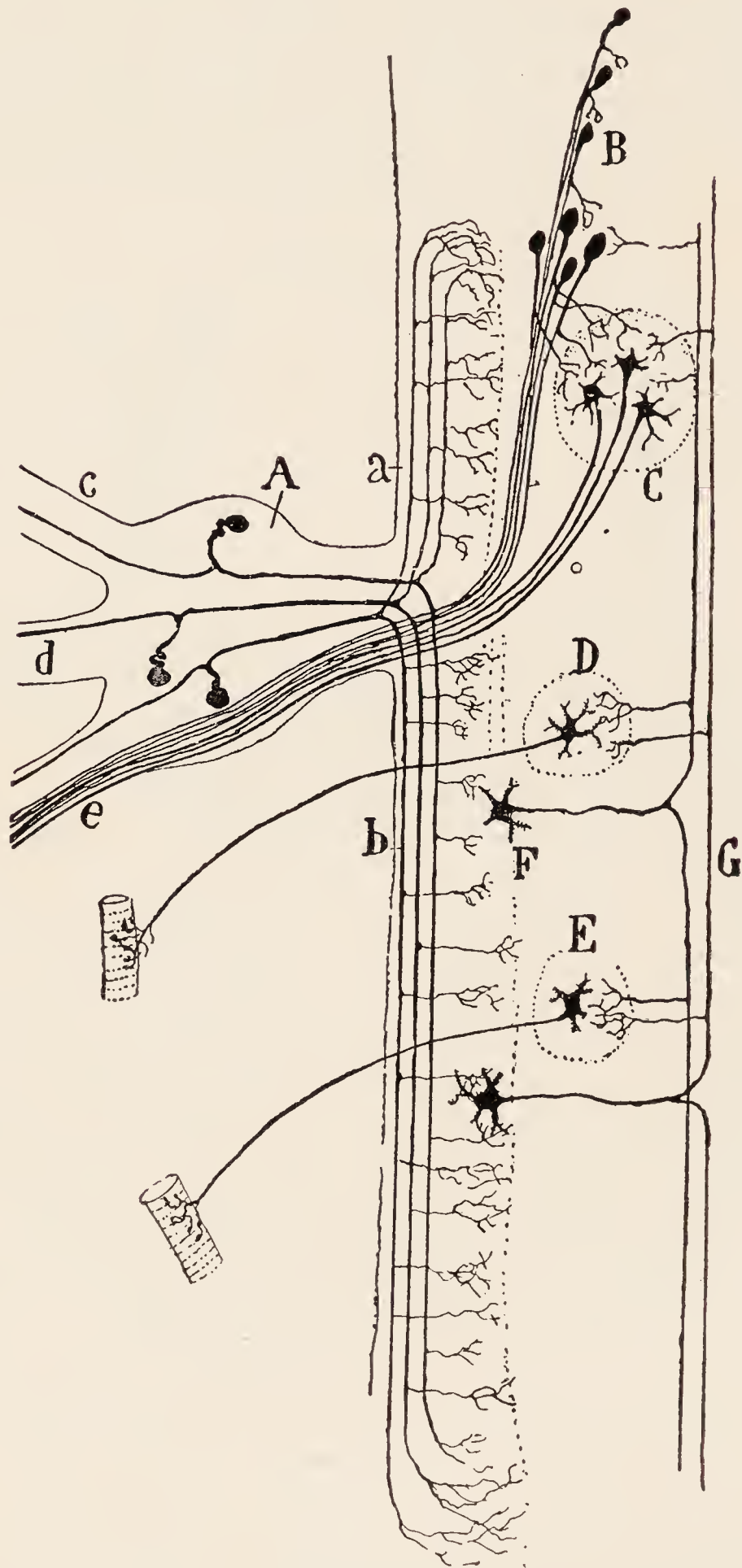


Fig. 126.—Diagram of the nuclei and central connections of the trigeminal nerve: *A*, Semilunar ganglion; *B*, mesencephalic nucleus, N. V; *C*, motor nucleus, N. V; *D*, motor nucleus, N. VII; *E*, motor nucleus, N. XII; *F*, nucleus of the spinal tract of N. V; *G*, sensory fibers of the second order of the trigeminal path; *a*, ascending and *b*, descending branches of the sensory fibers, N. V; *c*, ophthalmic nerve; *d*, maxillary nerve; *e*, mandibular nerve. (Cajal.)

end in the main sensory nucleus; while the latter run in the spinal tract of the trigeminal nerve and end in the nucleus which accompanies it.

The **brachium conjunctivum** or superior cerebellar peduncle (Fig. 101) is seen in sections through the rostral half of the pons, where it enters into the lateral boundary of the fourth ventricle (Fig. 125). It is a large strand of fibers which runs from the dentate nucleus of the cerebellum to the red nucleus of the mesencephalon (Fig. 130). As it emerges from the white center of the cerebellum this brachium is superficially placed, with its ventral border resting on the tegmental portion of the pons (Fig. 125). To its dorsal border is attached a thin plate of white matter, the *anterior medullary velum*, which roofs in the rostral part of the fourth ventricle. As the brachium ascends toward the mesencephalon it sinks deeper and deeper into the dorsal part of the pons (Fig. 305) until it is entirely submerged (Fig. 127). Near the rostral border of the pons it assumes a crescentic outline and lies in the lateral part of the reticular formation. From its ventral border fibers stream across the median plane, decussating with similar fibers from the opposite

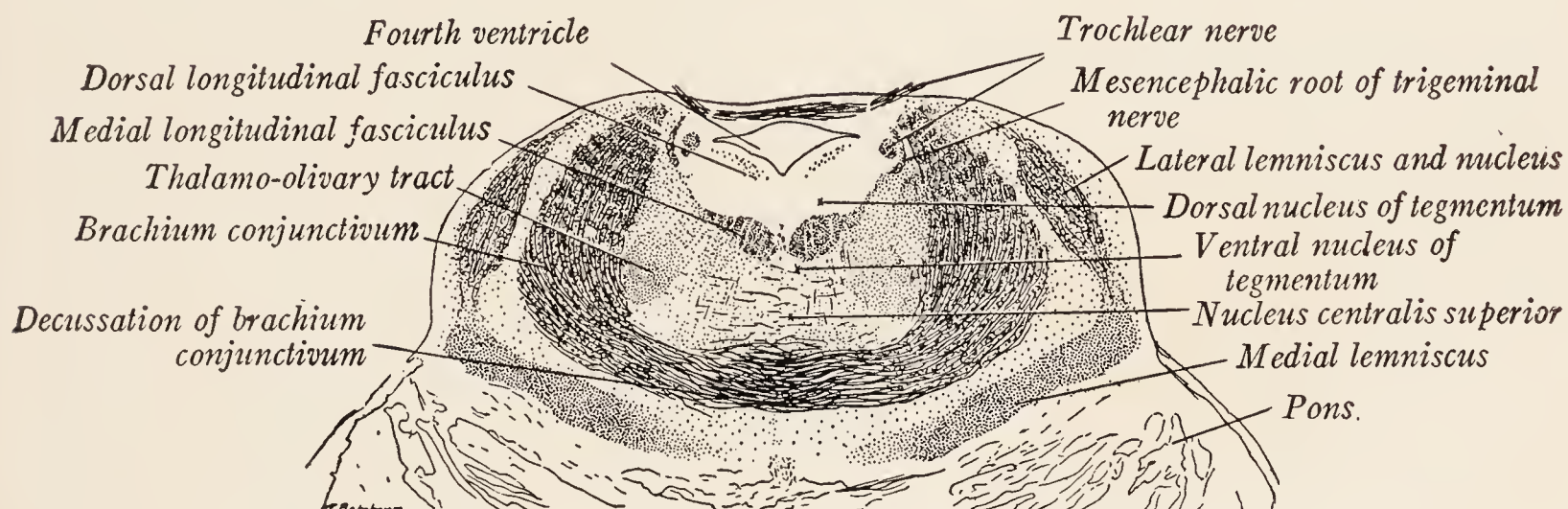


Fig. 127.—Dorsal half of a section through the rostral part of the human pons. Pal-Weigert method.

side. This is the most caudal portion of the *decussation of the brachium conjunctivum*, which increases in volume as it is followed rostrally, reaching its maximum in the mesencephalon at the level of the inferior colliculi (Fig. 129). In this decussation the fibers of the brachium undergo a complete crossing.

The **ventral spinocerebellar tract**, which has made its way through the reticular formation of the pons, turns dorsolaterally near the rostral end of the pons, winds around the brachium conjunctivum, and enters the anterior medullary velum, in which it descends to the vermis of the cerebellum (Figs: 125, 161).

The **lateral lemniscus** is an important tract of fibers which we have already traced from the cochlear nuclei. It first takes definite shape about the middle of the pons, where it is situated lateral to the medial lemniscus (Fig. 125). As it ascends it becomes displaced dorsolaterally until it occupies a position on the lateral aspect of the brachium conjunctivum (Fig. 127). In this position there is developed in connection with it a collection of nerve-cells, the *nucleus of the lateral lemniscus*, to which its fibers give off collaterals.



## CHAPTER XII

### THE INTERNAL STRUCTURE OF THE MESENCEPHALON

A DIAGRAM of a transverse section through the rostral part of the mesencephalon will make clear the relation of the various parts of the midbrain to each other (Fig. 128). The *cerebral aqueduct* is surrounded by a thick lamina of gray matter, the central gray stratum (*stratum griseum centrale*). Dorsal to this lies the *lamina quadrigemina*, a plate of mingled gray and white matter

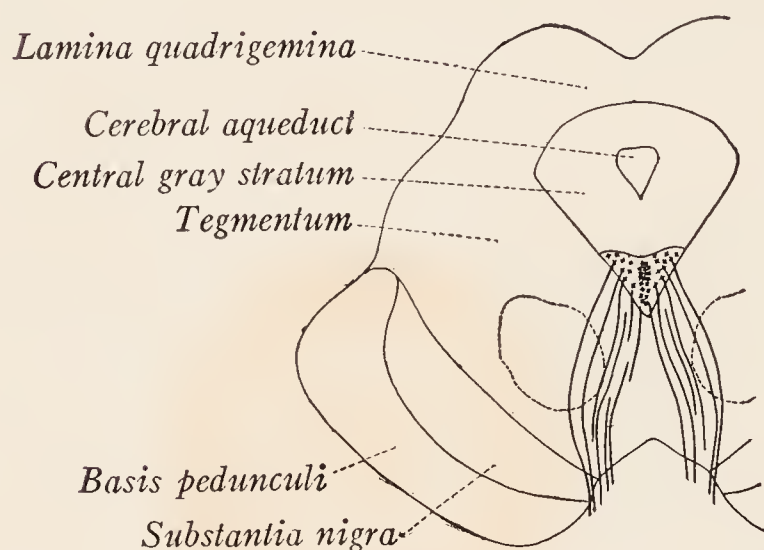


Fig. 128.—Diagrammatic cross-section through the human mesencephalon.

which bears four rounded elevations, the corpora quadrigemina. The ventral part of the midbrain is formed by the *cerebral peduncles*, each of which is separated into two parts by a lamina of pigmented gray substance, known as the *substantia nigra*. Dorsal to this the peduncle consists of reticular formation continuous with that of the pons and known as the *tegmentum*. Ventral to the substantia nigra is a thick plate of longitudinal

fibers, called the *basis pedunculi*, composed of fibers which are continuous with the longitudinal fasciculi of the pons.

**The Tegmentum.**—The dorsal portion of the pons is directly continuous with the tegmentum of the mesencephalon. Both are composed of reticular formation, consisting of interlacing longitudinal and transverse fibers grouped in fine bundles and separated by minute masses of gray substance, in which are embedded important nuclei and fiber tracts. In the caudal part of the midbrain and the rostral part of the pons are five cellular masses the locations of which are indicated in Figs. 127, 359–362. They are the *dorsal nucleus of the raphé* (Fig. 362, dr), the *superior central nucleus* (Fig. 360, sup cen), the *ventral tegmental nucleus*, the *dorsal tegmental nucleus* (Fig. 363, d tg) and the *reticulotegmental nucleus* (Fig. 360, ret tg). Both the ventral and dorsal tegmental nuclei receive fibers from the mammillary body (*tractus mamillotegmentalis*), and within the dorsal one there also terminate fibers from the interpeduncular ganglion. The tegmentum contains many *longitudinal fiber tracts* which are continued into it from the dorsal part of the pons. The most conspicuous of these is the *brachium conjunctivum*.

**The Decussation of the Brachia Conjunctiva.**—In the sections of the pons we saw that, as the brachia conjunctiva ascend toward the mesencephalon, they



sink deeper and deeper into the *pars dorsalis pontis* (Fig. 127). When they reach the level of the inferior colliculi of the corpora quadrigemina they are deeply placed in the tegmentum; and here they cross the median plane in the *decussation of the brachia conjunctiva* (Fig. 129). After crossing, each brachium turns rostrally and forms a rounded bundle of ascending fibers, which almost at once comes into relation with the *red nucleus* (Fig. 131). Many of the fibers enter this nucleus directly, while others are prolonged over its surface to form a capsule that is best developed on its medial surface. While the majority of these fibers ultimately end in the red nucleus, some reach and end within the ventral part of the thalamus (Fig. 130). By way of summary we may repeat that the

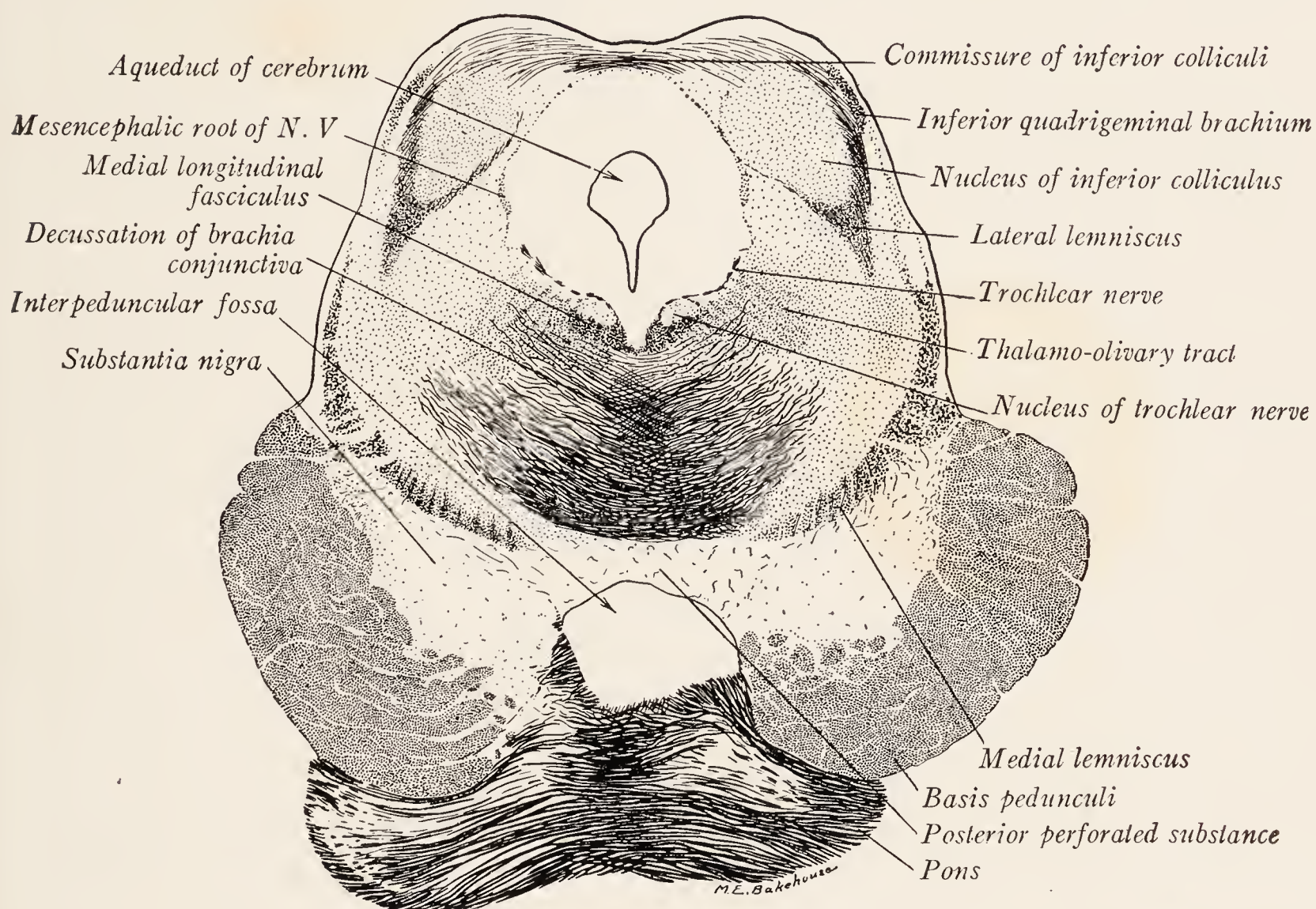


Fig. 129.—Section through the mesencephalon of a child at the level of the inferior colliculus. Pal-Weigert method. ( $\times 4$ .)

fibers of the brachium conjunctivum arise in the dentate nucleus of the cerebellum; they cross the median plane in the tegmentum at the level of the inferior colliculi and end either in the red nucleus or in the thalamus (Figs. 305–311).

According to Cajal (1911) the fibers of the brachium conjunctivum give off two sets of descending branches, which he has seen in Golgi preparations of the mouse, rabbit, and cat. The first group are collaterals given off as the brachium enters the dorsal part of the pons and before its decussation (Fig. 130, C). The second group of descending branches is formed by the bifurcation of the fibers of the brachium conjunctivum just beyond the decussation, and constitutes a crossed descending tract from the dentate nucleus to the reticular formation of the pons and medulla (Fig. 130, D). The brachium conjunctivum degenerates as a result of destruction of the opposite dentate nucleus (Allen, 1924).



The **red nucleus** (nucleus ruber) is a very large oval mass of gray matter, which in the fresh brain has a pink color. It is located on the path of the brachium conjunctivum in the rostral part of the tegmentum (Fig. 131). In transverse sections it presents a circular outline and can be followed from the level of the inferior border of the superior colliculus into the hypothalamus. In its caudal portion it contains great numbers of fibers derived from the brachium conjunctivum, and stains deeply in Weigert preparations, but farther rostrally these fibers are less numerous and the nucleus takes on more and more the appearance of gray substance (Figs. 311–315).

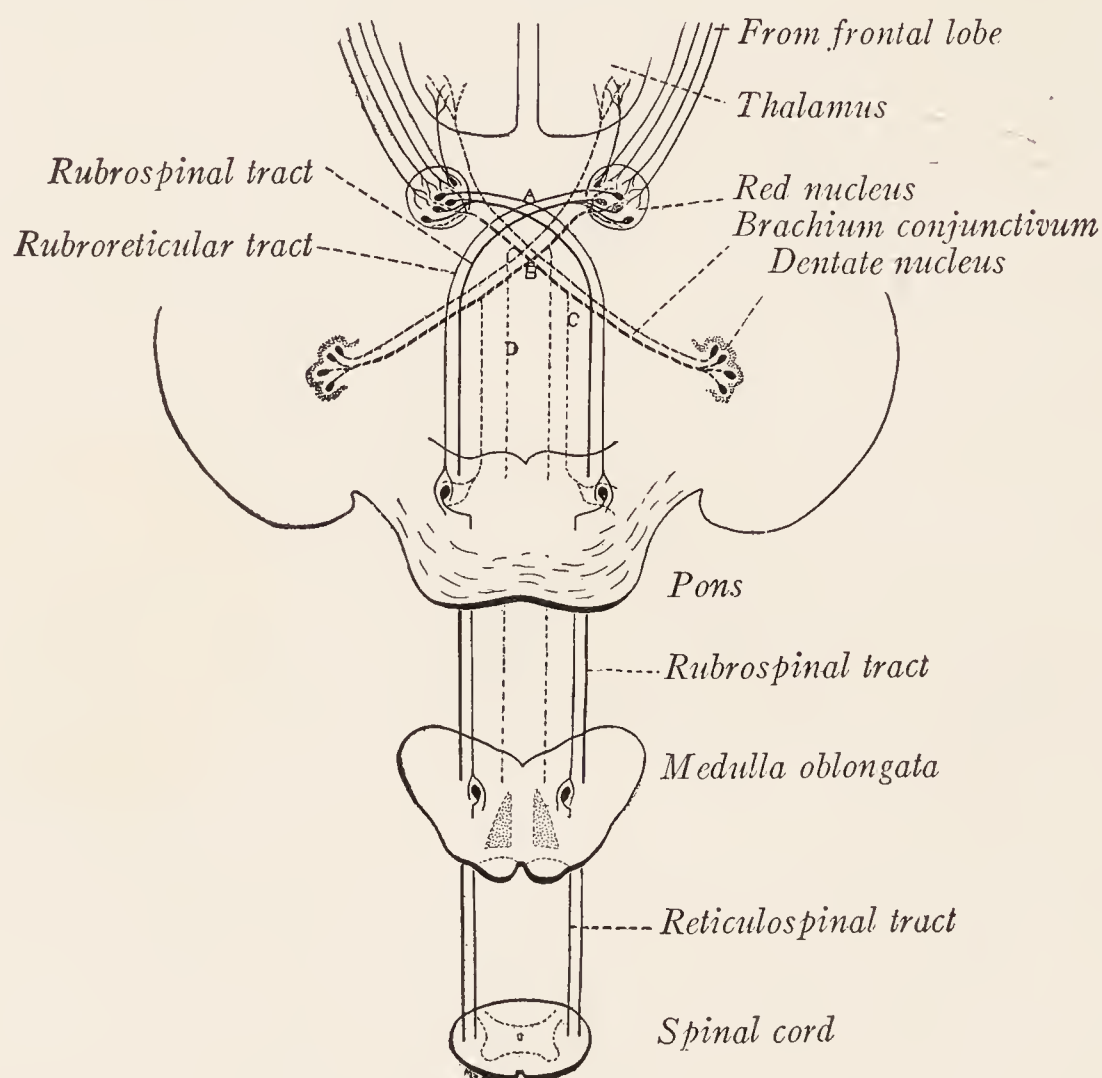


Fig. 130.—Diagram showing the connections of the red nucleus: *A*, Ventral tegmental decussation; *B*, decussation of the brachium conjunctivum; *C* and *D*, descending fibers from brachium conjunctivum, before and after its decussation respectively.

*Afferent fibers* reach the red nucleus chiefly through the brachium conjunctivum, but it also receives fibers from the cerebral cortex of the frontal lobe (Fig. 130). These descending fibers help to form the capsule of the nucleus and are most abundant along its medial surface.

*Efferent Fibers.*—From the cells of the red nucleus arise the fibers of the *rubrospinal tract*, which after crossing the median plane descend into the spinal cord. Other cells give origin to fibers, which decussate along with those of the rubrospinal tract and terminate in the nuclei of the reticular formation. These form the tractus rubroreticularis (Fig. 130). Other fibers from the red nucleus reach the thalamus.

The nerve-cells which are found in the red nucleus vary greatly in size. The smaller ones have the character of the cells of the reticular formation and send their axons into

the tegmentum of the same and the opposite side. Another group of large cells furnishes the axons that constitute the rubrospinal tract. This collection of large cells is phylogenetically the older and forms the chief part of the red nucleus in the lower mammals. But in man the chief mass is composed of small cells, and there are only a few large cells (Stern, 1938).

The red nucleus may be regarded as an especially highly developed portion of the motor nuclei of the tegmentum. In the lower mammals it serves as a center through which the cerebellum can influence the motor functions of the spinal cord and medulla oblongata. In man it has the same function, but is also more closely linked with the reticular formation of the pons by way of the rubroreticular tract. It is a significant fact that in man where the rubrospinal tract is small the rubroreticular tract is especially well developed. This suggests the possibility that impulses from the red nucleus may be relayed through the reticular nuclei and reticulospinal tracts to the spinal cord (Fig. 130). Papez (1926) has shown that the number of fibers descending into the spinal cord from the reticular formation of the pons and medulla is surprisingly large. He has found in the cat: (1) A medial reticulospinal tract which descends in the medial longitudinal fasciculus to the ventral funiculus of the cord and is chiefly uncrossed; (2) a lateral reticulospinal tract which crosses the midline and descends into the lateral funiculus of the cord.

**The Tegmental Decussations.**—At the level of the superior colliculus and between the two red nuclei the median raphé presents an unusual number of crossing fibers (Figs. 131, 311). Among these are included the dorsal tegmental decussation (fountain decussation of Meynert) and the *ventral tegmental decussation* (decussation of Forel). The latter is composed of fibers from the red nucleus, which, after crossing the median plane, descend through the brain stem into the lateral funiculus of the spinal cord as the *rubrospinal tract* (Fig. 130). The *dorsal tegmental decussation* is composed of fibers which arise in the superior colliculi of the corpora quadrigemina, sweep in broad curves around the central gray stratum, and after crossing the median plane in the dorsal part of the raphé, go to form the *tectobulbar* and *tectosplinal tracts*.

The **medial longitudinal fasciculus** is more conspicuous in the mesencephalon than in other parts of the brain stem, but it occupies the same relative position, that is, near the median plane close to the central gray matter. At the level of the superior colliculus it forms a rather broad obliquely placed lamina, extending dorsolaterally from the median raphé, and together with the corresponding lamina of the opposite side produces in transverse sections a **V**-shaped figure (Fig. 131). The apex of this **V** is directed ventrally; and included between its two limbs are the oculomotor nuclei. At the level of the inferior colliculi the medial longitudinal fasciculus lies immediately ventral to the nucleus of the trochlear nerve (Fig. 129). In the pons the nucleus of the abducens nerve is placed on its dorso-lateral border. The close relation of this fascicle to the nuclei for the motor nerves of the eye is of considerable significance, since according to the law of neuro-biotaxis (p. 182) it is an expression of the fact that the majority of the afferent fibers to these nuclei come from this fascicle. This bundle of fibers is a chief factor in the reflex control of the movements of the eyes, and especially in the coördination of these movements with those of the head and neck.



**The Lemnisci.**—In sections through the rostral border of the pons the two lemnisci form a broad curved band in the ventral and lateral portions of the tegmentum. The fibers of the *lateral lemniscus* are cut obliquely, indicating that they have begun to turn dorsally toward the inferior colliculus (Fig. 127). On entering the midbrain this lateral portion of the fillet separates from the medial lemniscus and runs toward the corpora quadrigemina, where it forms a capsule for the *nucleus of the inferior colliculus* (Fig. 129). Some of these fibers are prolonged beyond the nucleus and decussate with similar fibers from the opposite side. A large proportion of the fibers of the lateral lemniscus end in the inferior colliculus, but others form the *inferior quadrigeminal brachium*

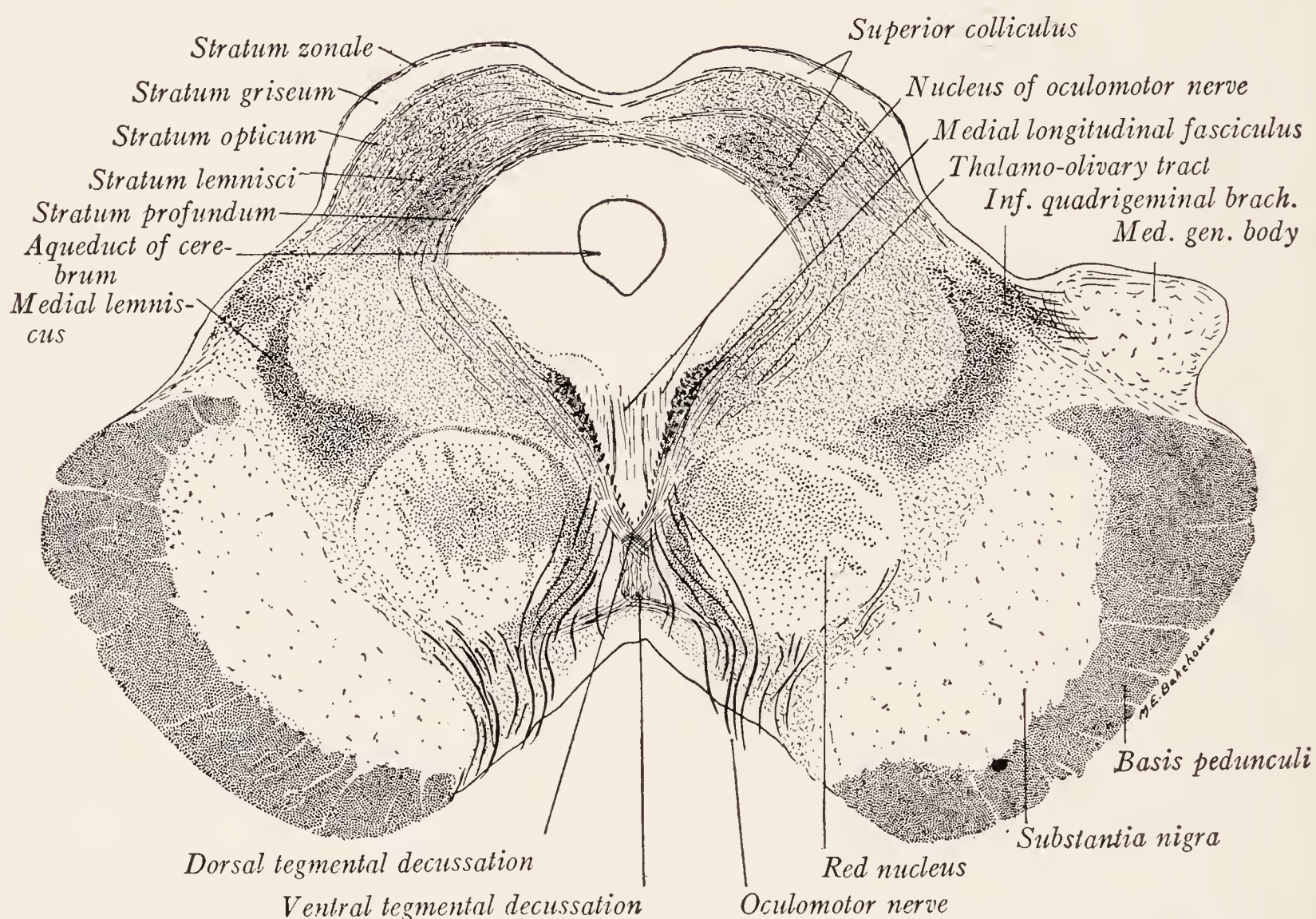


Fig. 131.—Section through the mesencephalon of a child at the level of the superior colliculus. Pal-Weigert method. ( $\times 4$ .)

(Fig. 129), through which they reach the medial geniculate body (Figs. 131, 149). In the mesencephalon the lateral lemniscus, which, it will be remembered, is the central auditory tract from the cochlear nuclei, is joined by the fibers of the spinotectal tract; and these run with it to the corpora quadrigemina.

The *medial lemniscus*, or bulbothalamic tract from the gracile and cuneate nuclei of the opposite side, is continued through the tegmentum of the mesencephalon to end in the thalamus (Fig. 255). Incorporated with it in this upper part of its course are the fibers of the *spinothalamic tract* and a portion of the *central sensory tract of the trigeminal nerve* (Figs. 147, 254). In the caudal part of the mesencephalon this broad band of longitudinal fibers occupies the ventro-



lateral portion of the tegmentum (Fig. 129); but at the level of the superior colliculus it has been displaced dorsolaterally by the red nucleus. Here it lies not far from the medial geniculate body and inferior quadrigeminal brachium (Fig. 131).

**The Central Gray Stratum.**—The *cerebral aqueduct* is lined by ependymal epithelium and surrounded by a thick layer of gray matter, the *central gray stratum*, which, because of its paucity of myelinated fibers, is nearly colorless in Weigert preparations. This layer is continuous with the gray matter surrounding the third ventricle, on the one hand, and with that covering the rhomboid fossa on the other. Numerous nerve-cells are scattered through this central gray substance; and, in addition, there are three compact groups of cells, which are the nuclei of the oculomotor and trochlear nerves and of the mesencephalic root of the trigeminus.

The **nucleus of the trochlear nerve** contains the cells of origin of the motor fibers for the superior oblique muscle of the eye. It is a small oval mass situated in the ventral part of the central gray stratum at the level of the inferior colliculus (Fig. 129). The fibers of the trochlear nerve emerge from the dorsolateral aspect of this nucleus, curve dorsally around the central gray matter, and decussate in the anterior medullary velum (Fig. 127).

The **nucleus of the oculomotor nerve** is composed of the cells of origin of the motor fibers for all of the ocular muscles except the superior oblique and lateral rectus. It lies in the ventral part of the central gray substance beneath the superior colliculus (Figs. 131, 137). This nucleus, a part of which occupies a median position and supplies fibers to the nerves of both sides, is 6 or 7 mm. long and extends from a little beyond the rostral limit of the mesencephalon to the nucleus of the trochlear nerve, from which it is not sharply separated. From the nucleus the fibers of the oculomotor nerve stream forward through the tegmentum and red nucleus. They emerge through the oculomotor sulcus along the ventromedial surface of the basis pedunculi.

The **interpeduncular ganglion** is a median collection of nerve-cells in the *posterior perforated substance* situated between the two cerebral peduncles near the border of the pons (Figs. 129, 362, 363, i pe). It receives fibers from the habenular nucleus of the epithalamus by way of the fasciculus retroflexus of Meynert; and from it spring fibers that run to the dorsal nucleus of the tegmentum.

The **substantia nigra** is a broad thick plate of pigmented gray matter, which separates the basis pedunculi from the tegmentum and extends from the border of the pons throughout the length of the mesencephalon into the hypothalamus. In transverse section it presents a semilunar outline. Its medial border is superficial in the oculomotor sulcus and is thicker than the lateral border, which reaches the lateral sulcus of the mesencephalon. Its constituent nerve-cells, large and deeply pigmented, send their axons into the tegmentum. But we are still ignorant as to the destination these may have; and the function of the



substantia nigra is equally obscure. There terminates within it a bundle, consisting of both direct and crossed fibers from the corpus striatum, the *strionigral tract* (Fig. 132). Collaterals from the corticifugal fibers of the basis pedunculi are said to end here.

The **basis pedunculi** is a broad compact strand, crescentic in transverse section, which consists of longitudinal fibers of cortical origin, continued from the internal capsule into the longitudinal bundles of the pons. It consists of four tracts. The medial and lateral fifths are occupied by fibers which terminate in the nuclei pontis. Those of the medial one-fifth arise from the cortex of the frontal lobe of the cerebral hemisphere and constitute the *frontopontile tract*. Other fibers, arising from the temporal lobe, form the *temporopontile tract* and occupy the lateral one-fifth of the basis pedunculi. The intermediate portion, approximately three-fifths, is formed by the *corticospinal tract*, the fibers of which

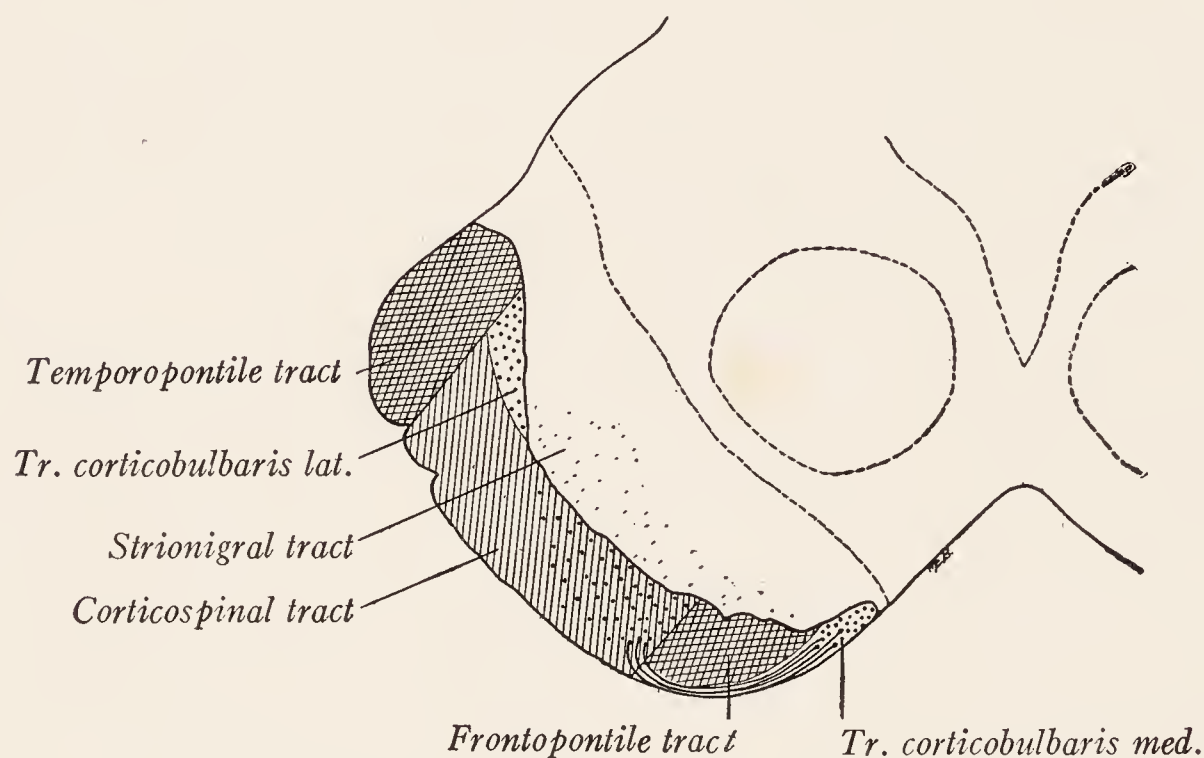


Fig. 132.—Diagram of the basis pedunculi.

after giving off collaterals to the nuclei pontis are continued into the pyramids of the medulla oblongata and thence into the spinal cord. Many of the fibers of the *corticobulbar tract*, indicated in Fig. 132 by coarse stipple, are intermingled with the more medially placed corticospinal fibers; but even at this level two large fascicles destined for the nuclei of the cranial nerves have separated from the main strand of motor fibers (Dejerine, 1914). These have been called the medial and lateral corticobulbar tracts.

**The Corpora Quadrigemina.**—The rostral portion of the midbrain roof or *tectum mesencephali* is in all vertebrates an end-station for the optic tracts. In the lower vertebrates there are but two elevations in the roof, the *optic lobes* or *corpora bigemina*, and these, which correspond in a general way to the *superior colliculi*, are visual centers (Fig. 9). In mammals the development of a spirally wound cochlea is associated with the appearance of two additional elevations, the *inferior colliculi*, within which many of the fibers of the central audi-

tory path terminate. The entire tectum receives fibers from the spinal cord and medulla oblongata and sends other fibers back to them; it also receives fibers from the cerebral cortex. It contains important reflex centers, those in the superior colliculus being dominated by visual, those in the inferior colliculus by auditory impulses.

Each **inferior colliculus** contains, in addition to the laminated gray matter of the tectum, a large gray mass, oval in transverse section, and known as the



Fig. 133.—Semidiagrammatic section through the inferior colliculus of the mouse: *A*, Nucleus of inferior colliculus; *B*, gray matter of the lamina quadrigemina; *C*, inferior quadrigeminal brachium; *D*, central gray substance; *I*, stratum profundum; *J*, medial longitudinal fasciculus; *K*, decussation of the brachium conjunctivum; *a*, *b*, *c*, *d*, fibers of the lateral lemniscus. Golgi method. (Cajal.)

*nucleus of the inferior colliculus* (Fig. 129). The *lateral lemniscus* has been traced to this nucleus, and while some of the fibers plunge directly into it, others sweep around it to form a capsule, within which it is enclosed. The majority of these fibers ultimately end in this nucleus, but some pass beyond it, reach the median plane, and decussate with similar fibers from the opposite side (Fig. 133). The ramifications of fibers from the lateral lemniscus form an intricate interlacement within the nucleus, and throughout this network are scattered many nerve-cells of various shapes and sizes. On the medial side of this circumscribed nuclear



mass we find some of the laminated gray matter of the tectum, within which are embedded large multipolar cells with axons directed ventrally in the *stratum profundum* (Fig. 133). These partially encircle the central gray matter and after undergoing a partial decussation enter the tectobulbar and tectospinal tracts.

The *inferior quadrigeminal brachium* begins on the lateral side of the nucleus of the inferior colliculus and consists of fibers from the *lateral lemniscus* which run to and terminate within the *medial geniculate body* (Figs. 129, 131). The fibers of the lateral lemniscus carry auditory impulses from the terminal nuclei of the cochlear nerve. Some of these terminate in the inferior colliculus and are concerned with reflexes in response to sound. Other fibers, some of which are branches of those to the inferior colliculus, run to the medial geniculate body, from which the impulses that they carry are relayed to the cerebral cortex. The inferior quadrigeminal brachium also contains fibers of cortical origin, chiefly from the temporal lobe, which end within the inferior colliculus, and fibers from the inferior colliculi to the medial geniculate body (Papez, 1929).

The **superior colliculi**, or superior quadrigeminal bodies, are composed of laminated gray matter. Each consists of four superimposed, dorsally convex layers (Fig. 131). The most superficial of these is a thin lamina with many transversely coursing nerve-fibers, the *stratum zonale*. The second layer is much thicker, contains few myelinated fibers, and is known as the *stratum griseum*. The third and fourth layers, *stratum opticum* and *stratum lemnisci*, are rich in myelinated fibers. The majority of the afferent fibers of the superior colliculus come from the optic tract by way of the *superior quadrigeminal brachium* and enter the stratum opticum. Many of these end in the superimposed stratum griseum. The superior colliculus also receives fibers from the cerebral cortex and from the spinotectal tract. The fibers of the tectospinal tract form a thin lamina next to the central gray substance called the stratum profundum, which might properly be considered as the fifth layer of the superior colliculus.

The **tectobulbar** and **tectospinal** tracts take origin from large cells in the tectum of the mesencephalon. None of the fibers come from the nucleus of the inferior colliculus. The fibers, forming these tracts, are assembled in the stratum profundum and sweep ventrally in broad curves around the central gray substance (Figs. 131, 133). After crossing the median plane in the dorsal tegmental decussation, they run in a caudal direction just ventral to the medial longitudinal bundle. Some fibers are given off to the nuclei of the brain stem and the rest enter the ventral funiculus of the spinal cord and form synapses with the motor cells chiefly in the cervical region. A lateral tectobulbar tract, whose fibers are uncrossed, descends through the lateral part of the pontile tegmentum and ends in the reticular formation (Rasmussen, 1936).

## CHAPTER XIII

### THE CRANIAL NERVES AND THEIR NUCLEI

THE cranial nerves contain, in addition to the general somatic and visceral components, which were encountered in the study of the spinal nerves, also other functional groups of fibers of more restricted distribution and specialized function. These *special somatic and visceral components* supply the organs of special sense and the visceral musculature derived from the branchial arches, which differs from other visceral musculature in that it is striated. The fibers which supply this special musculature are designated as *special visceral efferent fibers*. The eye and ear, being special somatic sense organs, are supplied by *special somatic afferent fibers*. The olfactory mucous membrane and the taste buds are special visceral sense organs and are supplied by *special visceral afferent fibers*.

From what has been said it will be evident that there are seven distinct *functional components* in the cranial nerves, namely, somatic efferent, general somatic afferent, special somatic afferent, general visceral efferent, special visceral efferent, general visceral afferent, and special visceral afferent components (Figs. 134, 135). No single nerve contains all seven types of fibers and the individual cranial nerves vary greatly in their functional composition. On entering the brain a nerve breaks up into its several components, which separate from each other and pass to their respective nuclei, enumerated below. These nuclei may be widely separated in the brain stem. Fibers having the same function tend to be associated together within the brain irrespective of the nerves to which they belong. For example, all the visceral afferent fibers of the facial, glossopharyngeal, and vagus nerves are grouped in the tractus solitarius (Fig. 135, yellow). The analysis of the cranial nerves into their functional components has involved a great amount of labor which has been carried through for the most part by American investigators. Among those who have made important contributions to this subject may be mentioned the following: Gaskell (1886), Strong (1895), Herrick (1899), Johnston (1901), Coghill (1902), Norris (1908), and Willard (1915). The nerve-cells, with which the fibers of the several functional varieties are associated within the brain stem, are arranged in *longitudinal nuclear columns*.

**Longitudinal Nuclear Columns.**—In a previous chapter we learned that at an early stage in its development the lateral wall of the neural tube consists of a dorsal or *alar* and a ventral or *basal plate*, separated by a groove, the *sulcus limitans* (Fig. 134). The sensory nuclei of the cranial nerves develop within the alar plate and the motor nuclei within the basal plate. In the rhombencephalon



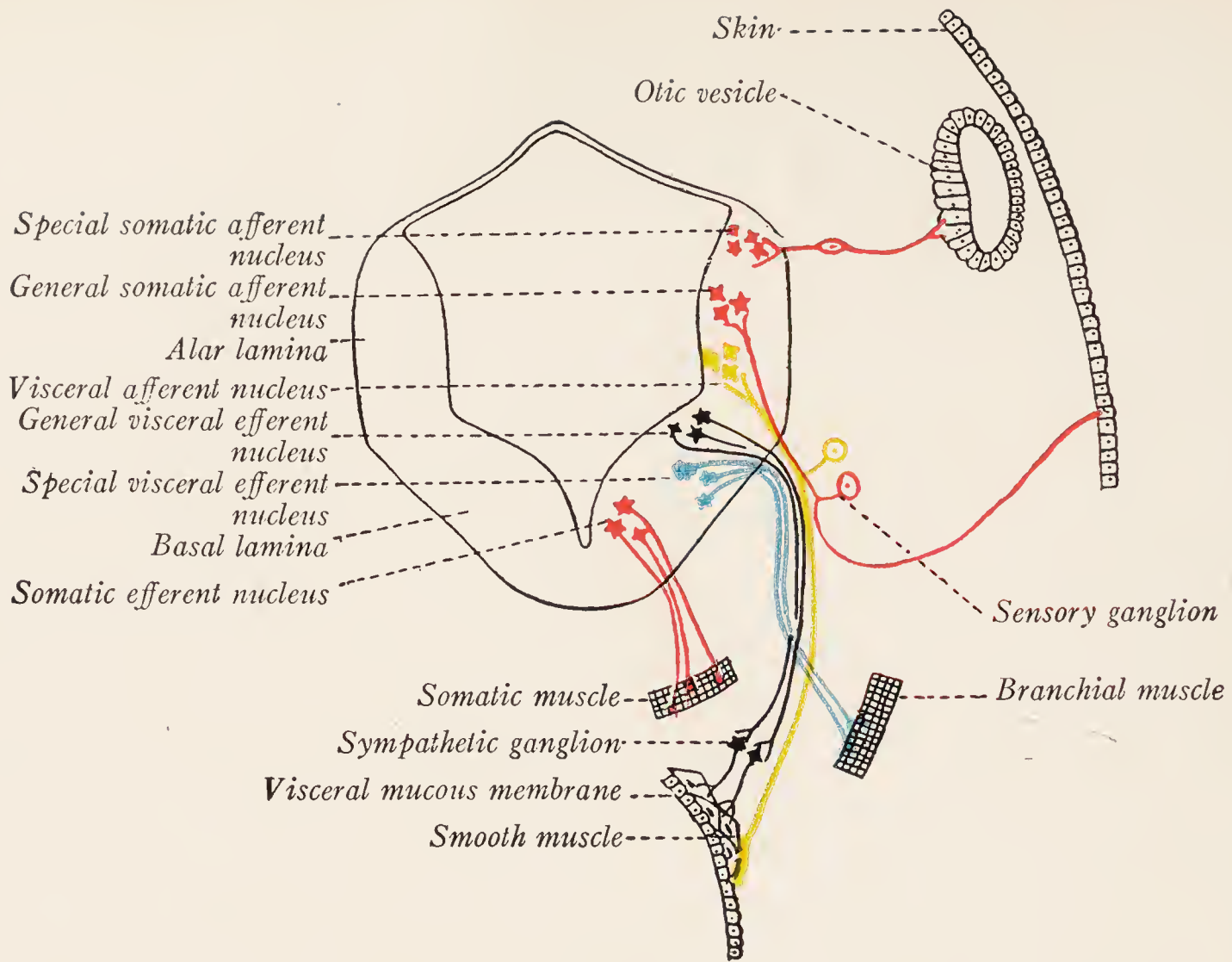


Fig. 134.

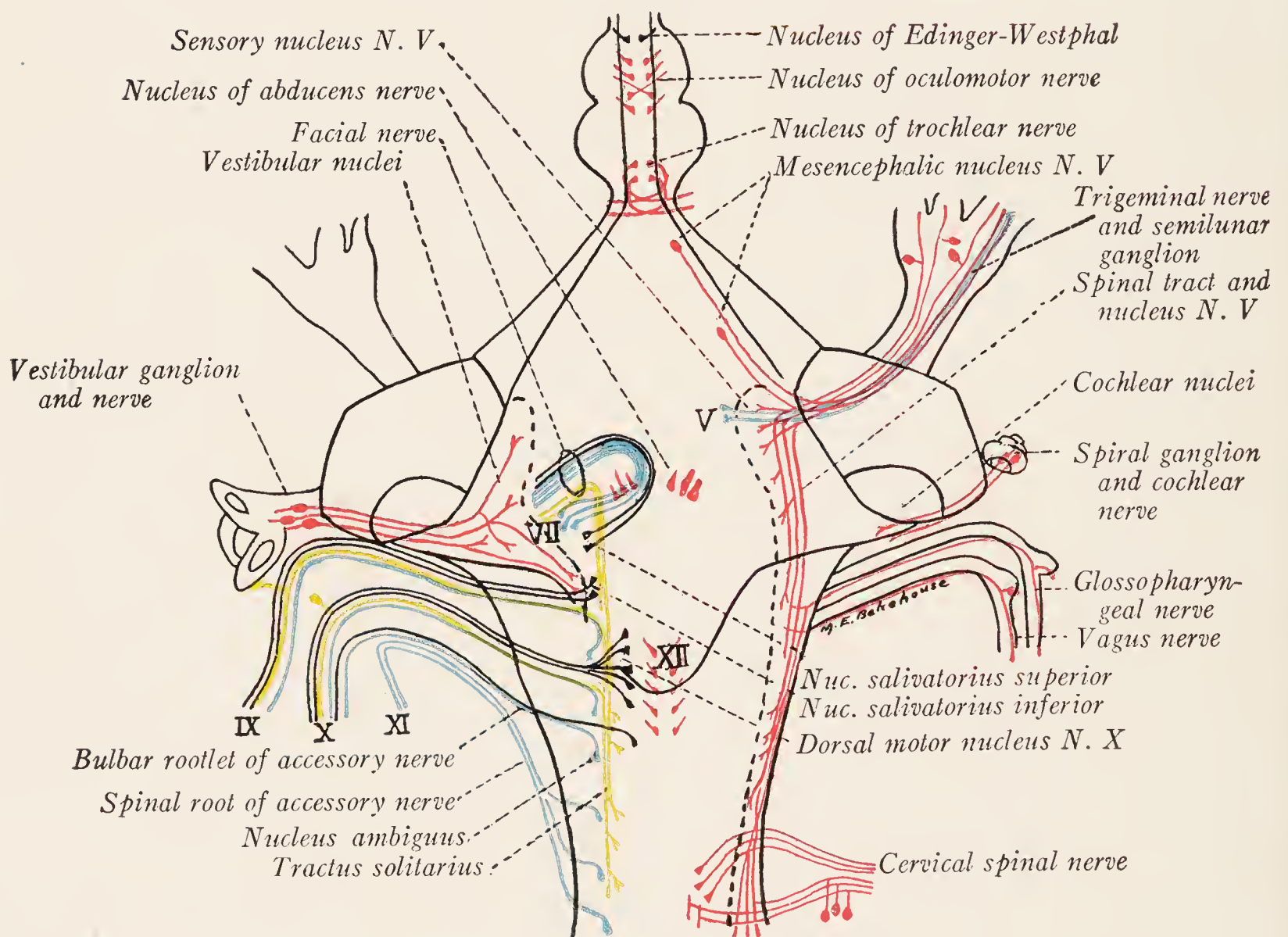


Fig. 135.

Figs. 134 and 135.—Diagrams showing the origin, course, and termination of the functional components of the cranial nerves. Somatic afferent and efferent, red; visceral afferent, yellow; general visceral efferent, black; special visceral efferent, blue. Fig. 134 shows the locations of the several functional cell columns in a section through the medulla oblongata of a human embryo and the peripheral terminations of the several varieties of fibers. Fig. 135, dorsal view of the human brain stem, showing the location of the nuclei and the intramedullary course of the fibers of the cranial nerves.

both plates come to lie in the floor of the fourth ventricle, the alar occupying the more lateral position. And, in spite of the changes of position which occur during development, the sensory nuclei retain, on the whole, a lateral, and the motor nuclei a more medial, location. From the basal plate there differentiate a somatic and a visceral column of efferent nuclei, and from the alar plate a visceral and a somatic column of afferent nuclei.

The *somatic efferent column* includes the nuclei of those motor nerves which supply the striated musculature derived from the myotomes, *i. e.*, the extrinsic muscles of the eye and the musculature of the tongue (Figs. 134–136).

The *visceral efferent column* undergoes subdivision into: (1) a ventrolateral column of nuclei, from which arise the special visceral efferent fibers to the striated visceral or branchial musculature, and which includes the nucleus ambiguus and the motor nuclei of the fifth and seventh nerves; and (2) a more dorsally placed group for the innervation of involuntary musculature and glandular tissue, of which the dorsal motor nucleus of the vagus is the chief example. The former may be called the *special visceral efferent* and the latter the *general visceral efferent column*.

The *visceral afferent column* is represented by the nucleus of the tractus solitarius, within which end the visceral afferent fibers, both general and special, of the facial, glossopharyngeal and vagus nerves. The somatic afferent nuclei may be separated into two groups: a *general somatic afferent column*, within which terminate the sensory fibers from the skin; and a *special somatic* group of nuclei for the reception of the fibers of the acoustic nerve and, in aquatic vertebrates, of the lateral line nerves also.

#### THE SOMATIC EFFERENT COLUMN

As can be seen by reference to Figs. 112, 123, 129, and 131 the nuclei of the hypoglossal, abducens, trochlear, and oculomotor nerves are arranged in linear order in the central gray matter near the median plane. They represent the continuation into the medulla oblongata of the large cells of the anterior column of the spinal cord. The cells of these nuclei are large and multipolar with well-developed Nissl bodies (Fig. 141). From them arise large myelinated fibers, which innervate the striated musculature derived from the myotomes. This group of nuclei is indicated in red in Fig. 135 and by small circles in Figs. 136 and 138.

The **nucleus of the oculomotor nerve** is an elongated mass of cells in the central gray matter ventral to the cerebral aqueduct at the level of the superior colliculus (Figs. 136, 138). Even a superficial examination shows that it is divided into a lateral paired and a medial unpaired portion (Fig. 131). The lateral group of cells spreads out upon the surface of the medial longitudinal bundle, and extends throughout the entire length of the nucleus (Fig. 137). The medial portions of the two nuclei are fused into an unpaired median nucleus, which at its caudal end is rather ill-defined, but in sections through the middle third



of the oculomotor complex forms a well-defined spindle-shaped mass, the medial nucleus of Perlia (Fig. 137, *M* and *MP*). The paired lateral nuclei form plates of cells lying upon and infiltrating the medial longitudinal fasciculi. Each of these plates is divided rather indistinctly into a larger ventral and a smaller dorsal portion. These lateral nuclei are composed of large multipolar cells of the type supplying skeletal muscle. The medial nucleus, including the medial nucleus of Perlia, is composed of cells, which although smaller than

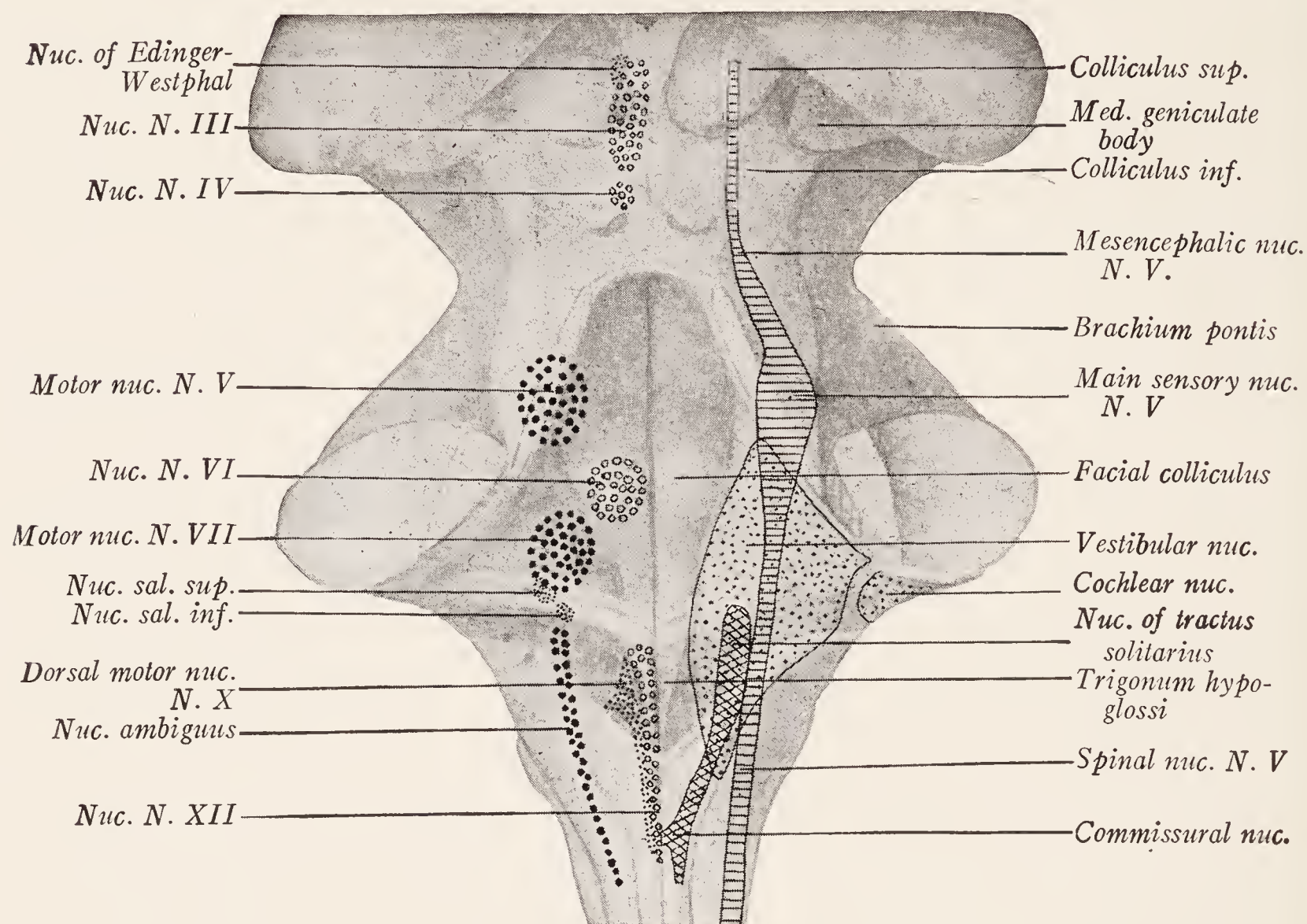


Fig. 136.—Dorsal view of the human brain stem with the positions of the cranial nerve nuclei projected upon the surface. Sensory nuclei on the right side, motor nuclei on the left. Circles indicate somatic efferent nuclei; small dots, general visceral efferent nuclei; large dots, special visceral efferent nuclei; horizontal lines, general somatic sensory nuclei; cross-hatching, visceral sensory nuclei; stipple, special somatic sensory nuclei. (Herrick.)

those of the lateral nucleus, have the discrete Nissl bodies characteristic of motor neurons.

Some of the fibers from the medial nucleus enter the right and the others enter the left oculomotor nerve. Some from the lateral nucleus cross the median plane and enter the nerve of the opposite side; but the majority remain uncrossed. After sweeping in broad curves through the tegmentum and red nucleus the fibers emerge through the oculomotor sulcus (Fig. 131). They supply all of the extrinsic muscles of the eye except the lateral rectus and superior oblique.

As one might expect from the fact that the oculomotor nerve supplies several distinct muscles, its nucleus seems to be made up of a number of more or less distinct groups of



cells; but the efforts to locate subordinate nuclei have given rise to contradictory results. The most significant work in this field has been done by Bernheimer (1904), who extirpated individual eye muscles in monkeys and studied the resultant changes in the cells of the oculomotor nuclei. According to him, the various muscles are supplied by the lateral nucleus in the following order, beginning at the rostral end: levator palpebræ superioris, rectus superior, rectus medialis, obliquus inferior, and rectus inferior. The same arrangement is shown in Brouwer's (1918) diagram. Bernheimer says that the fibers for the rectus inferior



Fig. 137.—Diagrams showing the changes in topography of the several divisions of the oculomotor nucleus seen in following a series of sections from below upward through the mesencephalon: *A*, From near the caudal end of the oculomotor nucleus; *B*, middle portion; *C*, rostral end; *D*, just rostral to the lateral large-celled portion of the nucleus. *AM*, Anterior medial nucleus; *DL*, dorsal portion of lateral nucleus; *EW*, Edinger-Westphal nucleus; *I*, interstitial nucleus; *M*, diffuse portion of medial nucleus; *MLF*, medial longitudinal fasciculus; *MP*, medial nucleus of Perlia; *RL*, rostral end of lateral nucleus; *VL*, ventral portion of lateral nucleus.

are entirely crossed, those for the obliquus inferior are in greater part crossed, those for the rectus medialis for the most part uncrossed, those for the rectus superior and levator palpebræ superioris entirely uncrossed.

The nucleus of the trochlear nerve has already been located in the central gray matter ventral to the cerebral aqueduct at the level of the inferior colliculus, close to the caudal extremity of the oculomotor nucleus (Figs. 129, 136,



138). The fibers of the trochlear nerve emerge from the dorsal and lateral aspects of this nucleus, and, encircling the central gray matter along an angular course which carries them also caudally, enter the anterior medullary velum, decussate within it, and make their exit from its dorsal surface (Fig. 127). They supply the superior oblique muscle.

The **nucleus of the abducens nerve** was encountered in the dorsal portion of the pons as a spheric gray mass, which with the genu of the facial nerve forms the facial colliculus of the rhomboid fossa (Figs. 123, 136, 138). The fibers of the abducens nerve leave the nucleus chiefly on its dorsal and medial surfaces

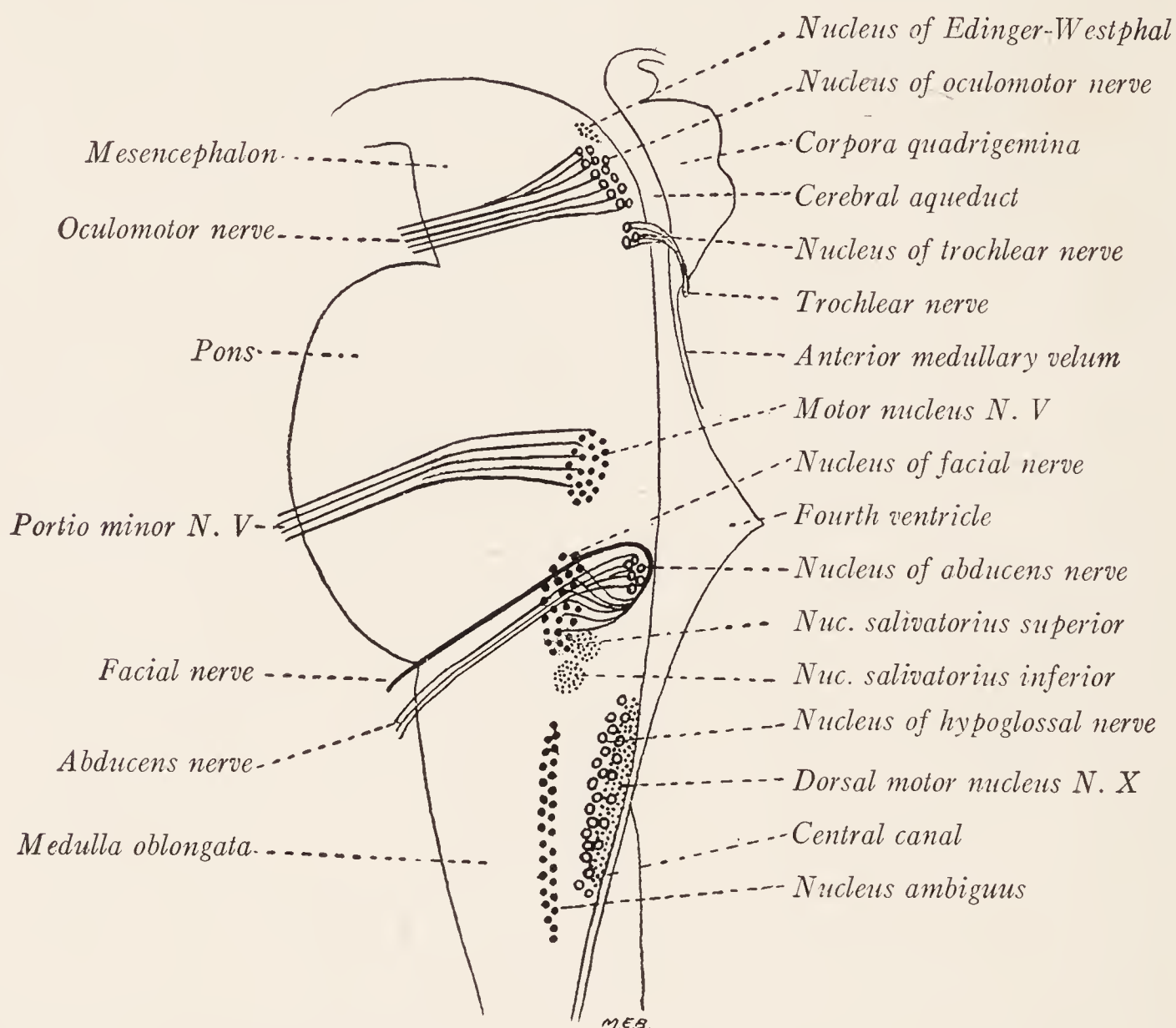


Fig. 138.—Motor nuclei of the cranial nerves projected on a median sagittal section of the human brain stem. Circles indicate somatic efferent nuclei; small dots, general visceral efferent nuclei; large dots, special visceral efferent nuclei.

and become assembled into several root bundles, which are directed ventrally toward their exit from the lower border of the pons near the pyramid of the medulla oblongata. It supplies the lateral rectus muscle.

The *axons*, which ramify within the three nuclei for the motor nerves of the eye, are derived from many sources. The most important of these sources are the corticobulbar tract, the medial longitudinal bundle, and the tectobulbar tract. The nucleus of the abducens receives fibers also from the central auditory apparatus through the peduncle of the superior olive. These various fibers provide for voluntary movements of the eyes, and for reflex ocular movements

in response to vestibular, visual, and auditory impulses. The nuclei probably also receive branches from the central sensory path of the fifth nerve.

The **nucleus of the hypoglossal nerve** is a slender cylindric mass of gray matter nearly 2 cm. in length, extending between the levels of the lower borders of the olive and of the cochlear nuclei. We have already identified it in both the open and the closed portions of the medulla oblongata. In the floor of the fourth ventricle it lies beneath the trigonum hypoglossi, while more caudally it lies ventral to the central canal (Figs. 110, 114, 136, 138, 344–349, h). The root fibers are assembled into bundles which run ventrally toward their exit along the lateral border of the pyramid.

A conspicuous plexus of myelinated fibers gives the hypoglossal nucleus a characteristic appearance in Weigert preparations. Fibers from many sources reach the nucleus and ramify within it. These include some from the corticobulbar tract and others from the sensory nuclei of the fifth nerve and from the nucleus of the tractus solitarius. The part which such fibers may play in reflex movements of the tongue is illustrated in Fig. 103.

#### THE SPECIAL VISCERAL EFFERENT COLUMN

The special visceral efferent column of nuclei contains the cells of origin of the motor fibers for the striated musculature derived from the branchial arches, as distinguished from the general skeletal musculature that develops from the myotomes. The branchial musculature includes the following groups of muscles: the *muscles of mastication*, derived from the mesoderm of the first branchial arch and innervated by the trigeminal nerve; the *muscles of expression*, derived from the second or hyoid arch and innervated by the facial nerve; the *musculature of the pharynx and larynx*, derived from the third and fourth arches and innervated by the glossopharyngeal, vagus, and the bulbar portion of the accessory nerve; and probably also the *sternocleidomastoid* and *trapezius muscles*, innervated through the spinal root of the accessory nerve. Some authors prefer to call this column, which includes the *motor nuclei of the fifth and seventh nerves* and the *nucleus ambiguus*, the lateral somatic column, because the cells in these nuclei and the fibers which arise from them possess the characteristics of somatic motor cells and fibers (Malone, 1913). The nuclei are composed of large multipolar cells with well-developed Nissl bodies. These cells give origin to large myelinated fibers which run through the corresponding nerve and terminate in neuromuscular endings in one or another of the muscles indicated above.

The motor nuclei of the fifth and seventh nerves and the nucleus ambiguus of the ninth, tenth, and eleventh nerves form a broken column of gray matter, located in the ventrolateral part of the reticular formation of the pons and medulla oblongata some distance beneath the floor of the fourth ventricle (Figs. 136, 138). The cells of this column and the special visceral efferent fibers which arise from them have been colored blue in Figs. 134 and 135.

The **motor nucleus of the trigeminal nerve** lies on the medial side of the



main sensory nucleus of that nerve, and is located at the level of the middle of the pons in the lateral part of the reticular formation some distance from the ventricular floor (Figs. 125, 136, 138, 358–360, mo v). The fibers, which take their origin here, are collected in the motor root or portio minor of the fifth nerve and run with its mandibular division to the muscles of mastication. Within the nucleus there terminate fibers from the corticobulbar tract and many fibers, chiefly collaterals, from the central sensory tract of the trigeminal nerve. It also receives collaterals from the mesencephalic root of the trigeminal and from other sources (Fig. 146).

The **motor nucleus of the facial nerve** is located in the ventrolateral part of the reticular formation of the pons near its caudal border (Figs. 123, 136, 138, 353–356, fac). Its constituent cells are arranged so as to form a varying

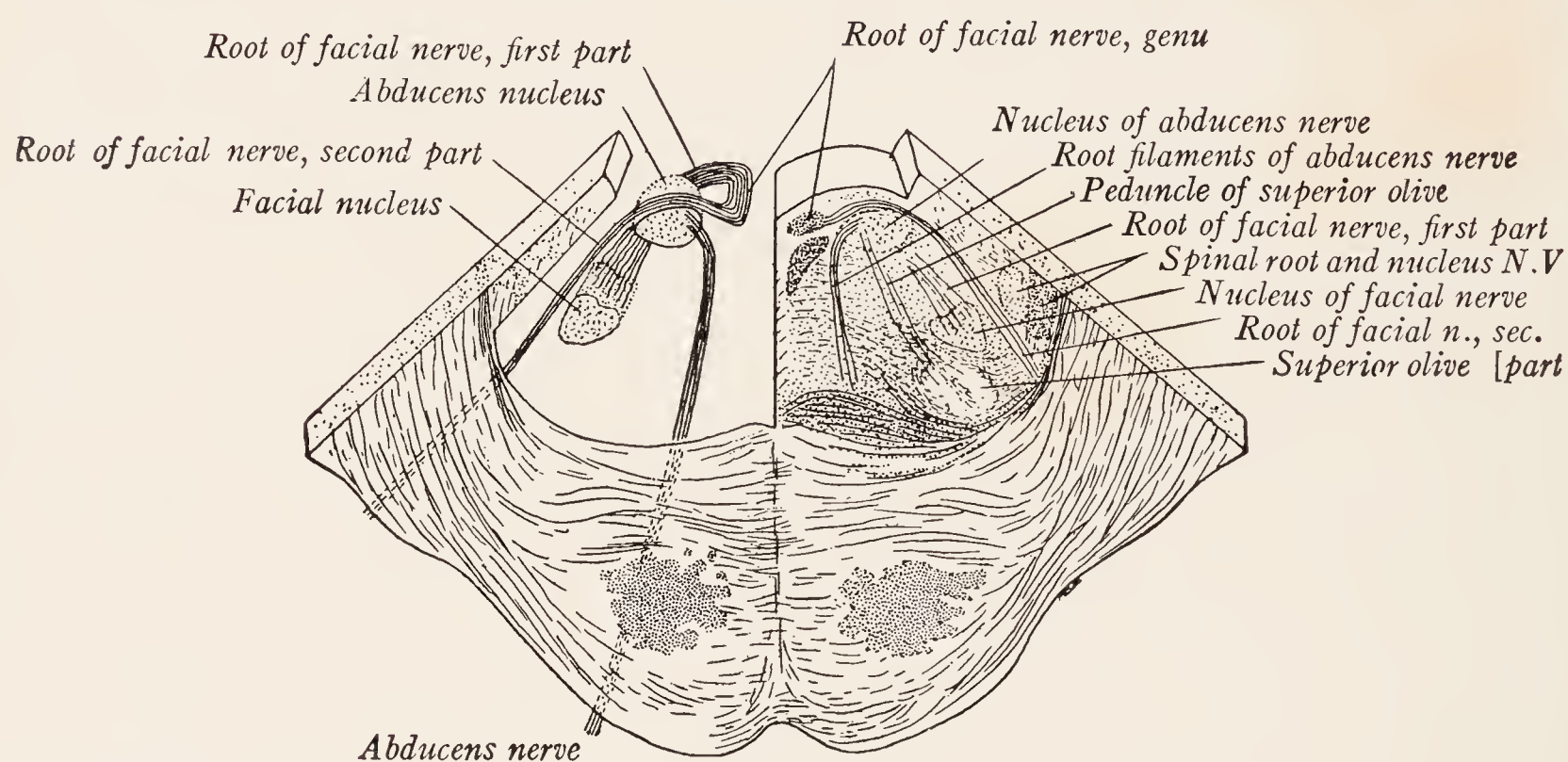


Fig. 139.—Diagram of the root of the facial nerve, shown from the rostral side as if exposed by dissection in a thick section of the pons.

number of sub-groups which may possibly be concerned with the innervation of individual facial muscles.

From the dorsal aspect of this nucleus there emerges a large number of fine bundles of fibers, directed dorsomedially through the reticular formation. These rather widely separated bundles constitute the *first part of the root of the facial nerve* (Fig. 139). Beneath the floor of the fourth ventricle the fibers turn sharply rostrad and are assembled into a compact strand of longitudinal fibers, often called the ascending part of the facial nerve. This ascends along the medial side of the abducens nucleus dorsal to the medial longitudinal bundle for a considerable distance (5 mm.). The nerve then turns sharply lateralward over the dorsal surface of the nucleus of the abducens nerve, and helps to form the elevation in the rhomboid fossa, known as the *facial colliculus*. This bend around the abducens nucleus, including the ascending part of the facial nerve, is known as the *genu*. The *second part of the root of the facial nerve* is directed ventrolat-



erally and at the same time somewhat caudally, passing close to the lateral side of its own nucleus, to make its exit from the lateral part of the caudal border of the pons (Fig. 123).

Fibers from many sources terminate in the facial nucleus in synaptic relation with its constituent cells. Those from the corticobulbar tract place the facial muscles under voluntary control. Others are collaterals from the secondary sensory paths in the reticular formation and are concerned with bulbar reflexes. Some of these collaterals are given off by fibers arising in the trapezoid body and carry auditory impulses. Others are collaterals of fibers arising in the nucleus of the spinal tract of the fifth nerve; and still others are given off by ascending sensory fibers from the spinal cord (Cajal, 1909).

The **nucleus ambiguus** is a long slender column of nerve-cells, extending through the length of the medulla oblongata in the ventrolateral part of the reticular formation (Figs. 114, 136, 138, 341–352, amb). Its constituent cells give rise to the *special visceral efferent fibers* that run through the glossopharyngeal, vagus, and accessory nerves to supply the musculature of the pharynx and larynx. It reaches from the border of the pons to the end of the medulla, but is most evident in transverse sections through the caudal part of the rhomboid fossa. Here it can be found in the reticular formation ventral to the nucleus of the spinal root of the trigeminal nerve. The fibers arising from its cells are at first directed dorsally; then curving laterally and ventrally they join the root bundles of the ninth, tenth, and eleventh nerves with which they emerge from the brain (Fig. 116). A few of the fibers cross the median plane and join the corresponding root bundles of the opposite side.

The **sensory collaterals** which arborize among the cells of the nucleus ambiguus are derived from the central tracts of the trigeminal, glossopharyngeal, and vagus nerves, from ascending sensory fibers of spinal origin, and from other longitudinal fibers in the reticular formation. Other fibers reach this nucleus from the corticobulbar tract.

The accessory nerve consists of a bulbar and a spinal portion. The fibers of the *spinal root* take origin from a linear group of cells in the lateral part of the anterior gray column in the upper cervical segments of the spinal cord. This root ascends along the side of the spinal cord, passes through the foramen magnum, and is joined by the bulbar rootlets of the accessory (Fig. 140). The nerve then divides into an internal and an external branch. In the latter run all the fibers of spinal origin and these are distributed to the trapezius and sternocleidomastoid muscles. If, as seems probable, these muscles are derived from the branchial arches (Lewis, 1910), the fibers which supply them may be regarded as special visceral efferent fibers; and the spinal nucleus of the accessory nerve may be considered as homologous to the nucleus ambiguus. The *bulbar rootlets* of the accessory nerve, which contain both general and special visceral efferent fibers, form a well-defined fascicle, readily distinguished from the spinal portion of the nerve, which, as the internal ramus, *joins the vagus nerve and is distributed through its branches* (Fig. 135—Chase and Ranson, 1914).

The afferent and efferent fibers of the vagus become segregated into separate rootlets before entering the medulla. The motor rootlets are small and are in vertical alignment



with the bulbar rootlets of the accessory. Like the latter they are composed of fibers from the nucleus ambiguus and from the dorsal motor nucleus. The fibers from the jugular as

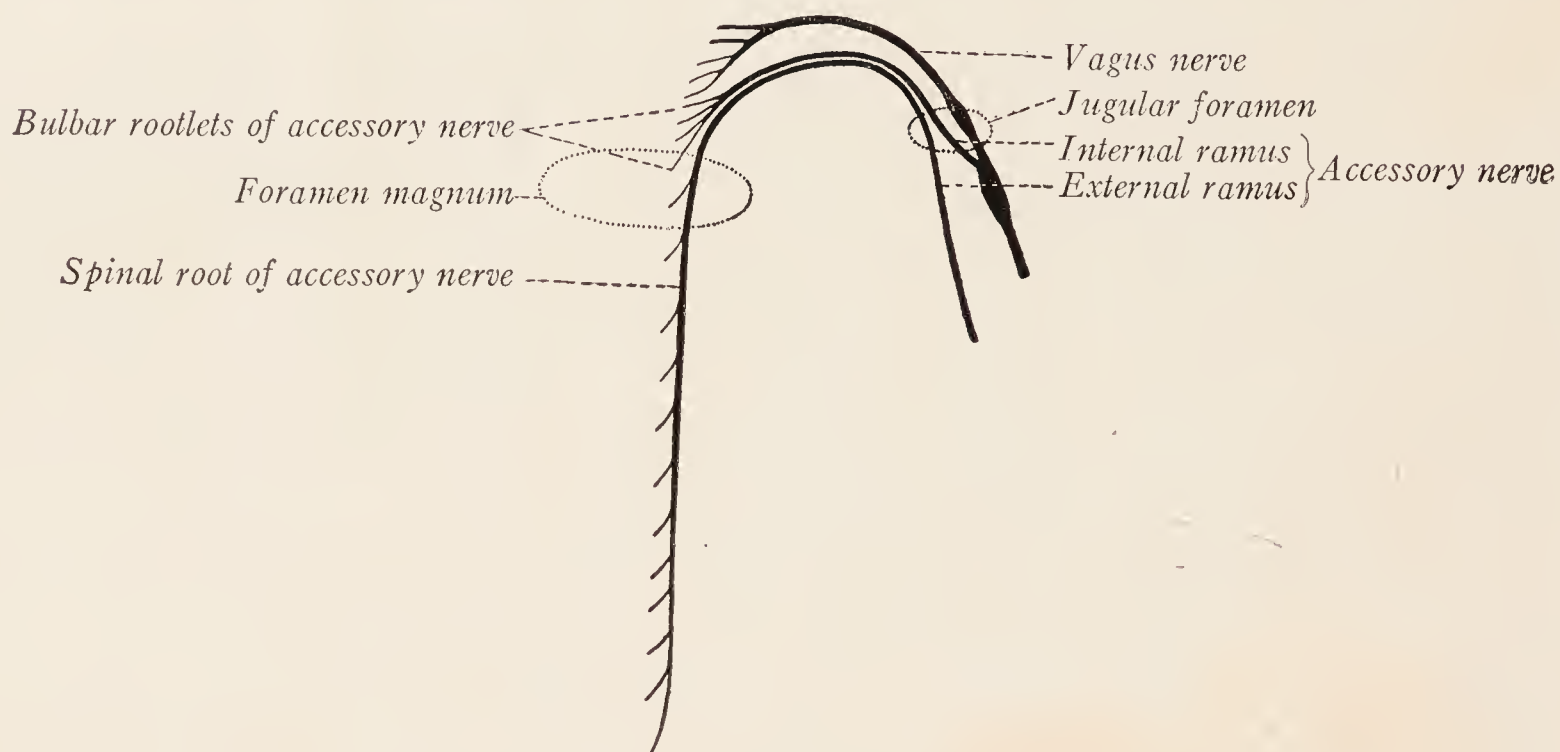


Fig. 140.—Diagram of the roots of the vagus and accessory nerves.

well as those from the nodose ganglion form sensory rootlets which join the tractus solitarius (Ranson, Foley and Alpert, 1933; Foley and DuBois, 1934; Tarlov, 1940).

#### THE GENERAL VISCERAL EFFERENT COLUMN

The general visceral efferent column of nuclei is composed of the cells from which arise the efferent fibers innervating cardiac and smooth muscle and glan-

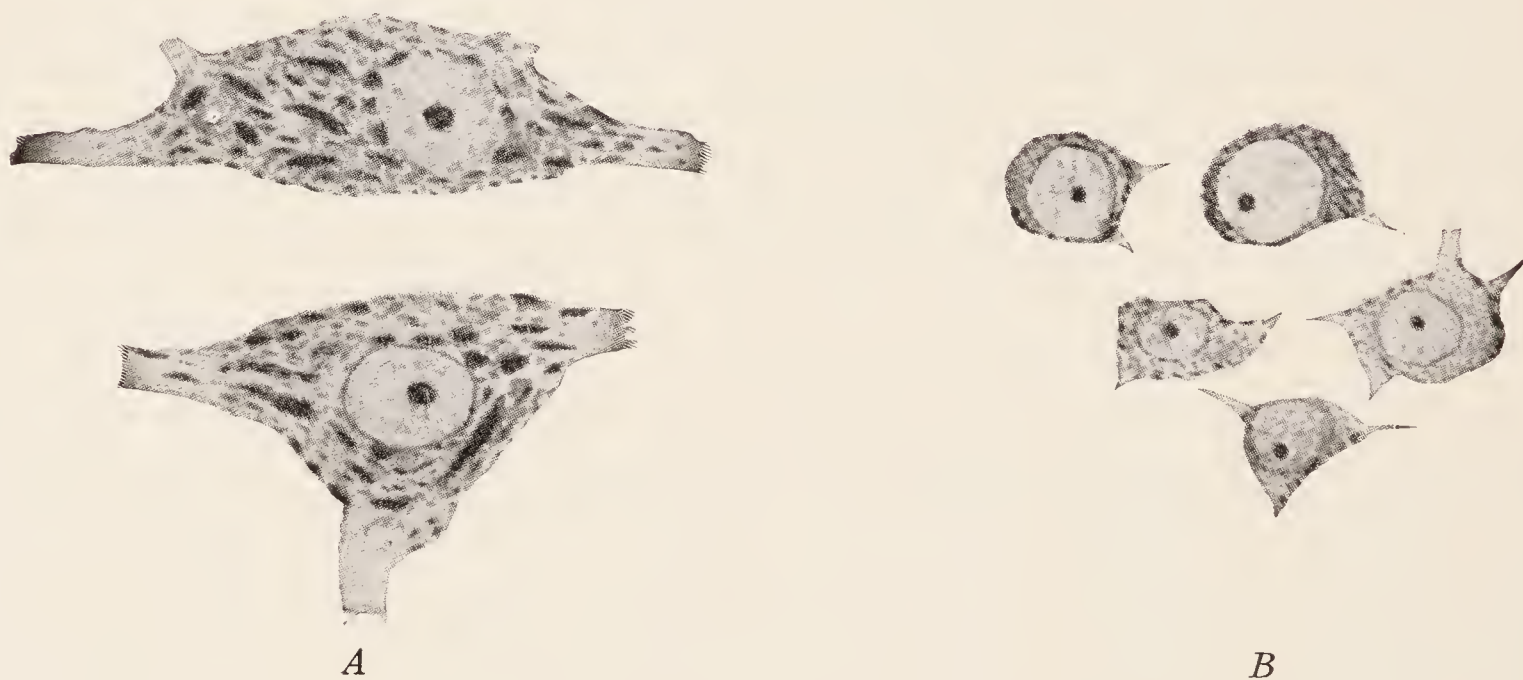


Fig. 141.—Two types of motor nerve-cells from medulla oblongata of lemur: *A*, Cells of the somatic motor type from the hypoglossal nucleus; *B*, cells of the visceral efferent type from the rostral part of the dorsal motor nucleus of the vagus. Toluidine blue stain. (Malone.)

dular tissue. The cells of these nuclei are relatively small and their Nissl bodies are not well developed (Fig. 141, *B*). They give rise to the *general visceral efferent fibers* of the cranial nerves. These are small myelinated fibers, which end in sympathetic ganglia, where they arborize about sympathetic cells, the axons



of which terminate in smooth or cardiac muscle or in glandular tissue. The neurons of this series are, therefore, characterized by the fact that the impulses which they transmit must be relayed by neurons of a second order before reaching the innervated tissue (Fig. 134). This group of nuclei is indicated by black in Fig. 135 and by fine stipple in Figs. 136 and 138.

The **dorsal motor nucleus of the vagus** (nucleus vagi dorsalis medialis) has been noted in the transverse sections through the medulla oblongata (Figs. 110, 114). It lies along the dorsolateral side of the hypoglossal nucleus, subjacent to the ala cinerea of the rhomboid fossa, and lateral to the central canal in the closed part of the medulla oblongata (Figs. 142, 342–352, d mo vg). The *general*

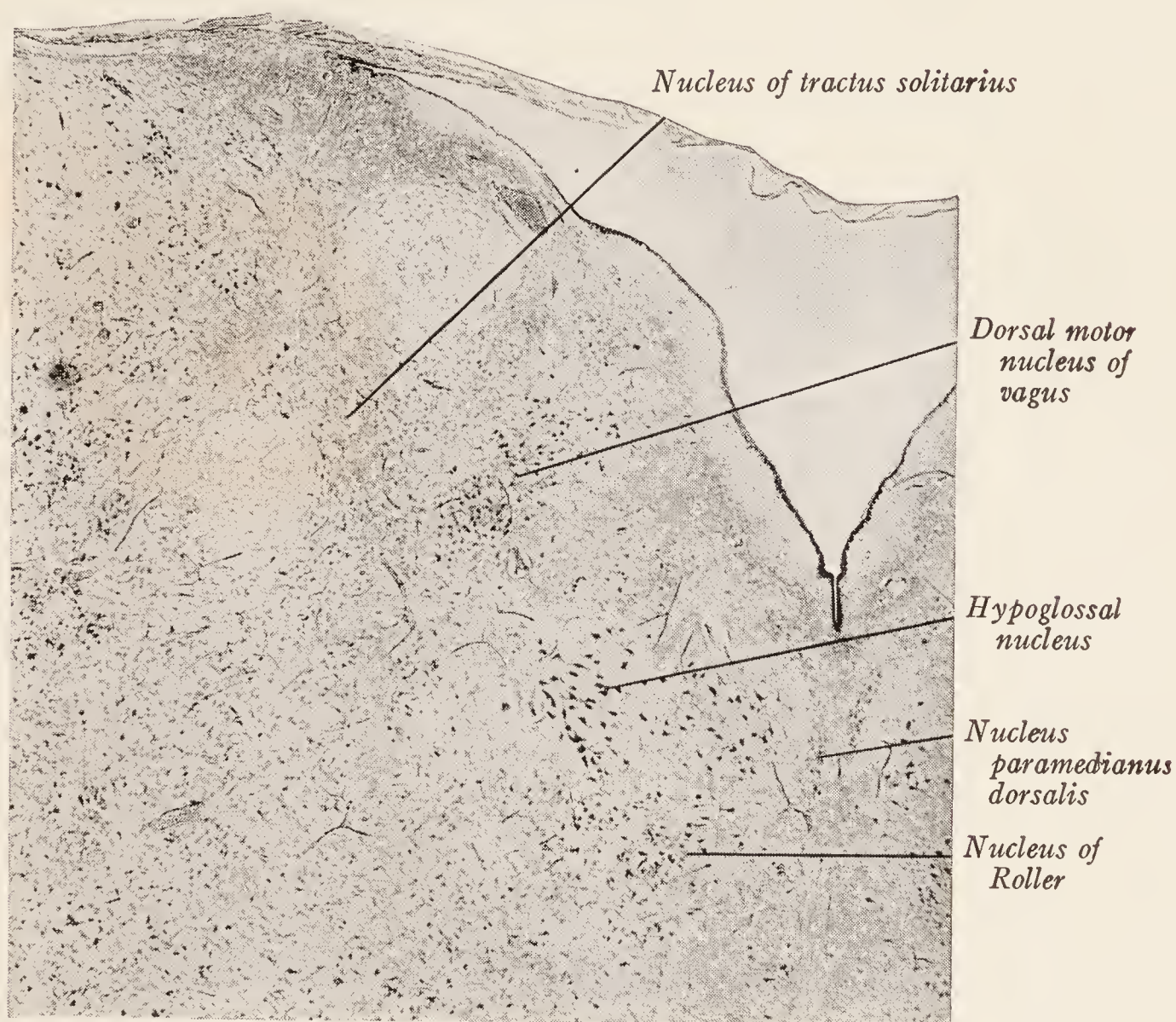


Fig. 142.—Nuclei in the floor of the fourth ventricle. Cresyl violet.

*visceral efferent fibers*, which arise from the cells in this nucleus, leave the medulla oblongata through the roots of the vagus and accessory nerves; but those entering the accessory nerve leave that nerve by its internal ramus and join the vagus (Fig. 135). Hence all of the fibers from this nucleus are distributed through the branches of the vagus to the vagal sympathetic plexuses of the thorax and abdomen for the innervation of the involuntary musculature of the heart, respiratory passages, esophagus, stomach, and small intestines (Van Gehuchten and Molhant, 1912), and for the innervation of the pancreas, liver, and other glands.

There are relatively few myelinated sensory collaterals reaching the dorsal



motor nucleus, and these come in large part from sensory fibers of the second order, arising in the receptive nuclei of the trigeminal, glossopharyngeal, and vagus nerves.

The **nucleus salivatorius** is located in the reticular formation at the junction of the pons and medulla oblongata. The exact location of this nucleus is unknown and its representation in Figs. 136 and 138 is to be regarded as purely diagrammatic. The more caudal portion, or *nucleus salivatorius inferior*, sends general visceral efferent fibers by way of the *glossopharyngeal nerve* to the otic ganglion for the innervation of the *parotid gland*. The rostral part, or *nucleus salivatorius superior*, sends general visceral efferent fibers to the facial nerve. These run from the facial nerve through the *chorda tympani* to the submaxillary ganglion for the innervation of the *submaxillary* and *sublingual salivary glands*.

The **Edinger-Westphal nucleus** is a group of relatively small nerve-cells located in the rostral part of the nucleus of the oculomotor nerve. Here it is

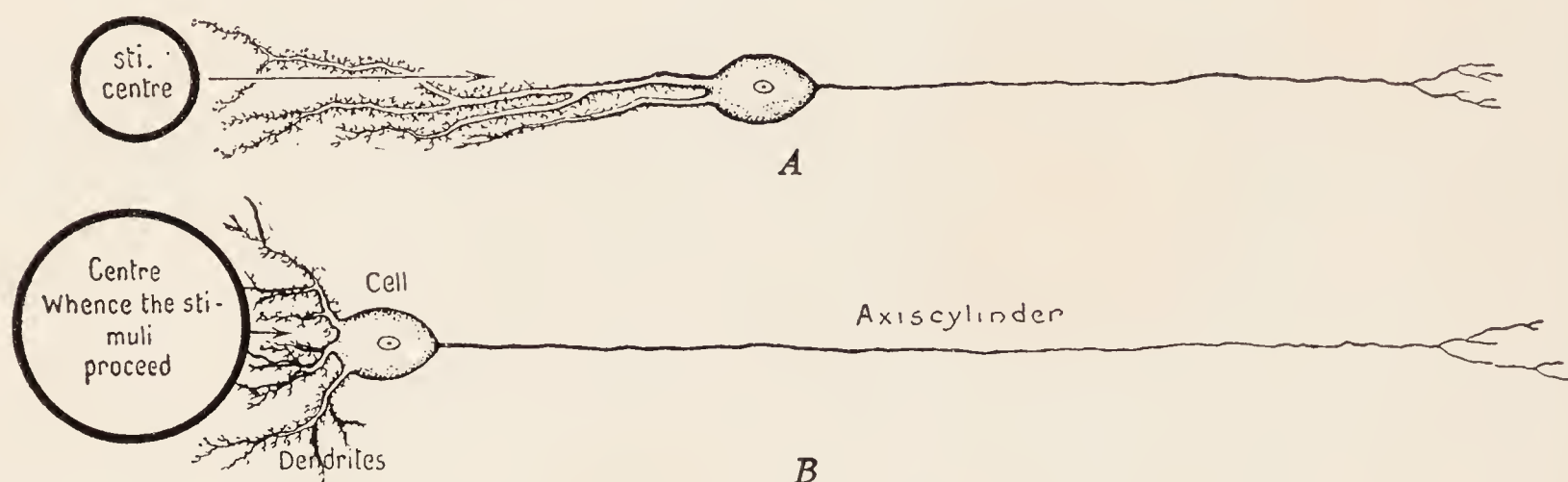


Fig. 143.—A, B, Diagrams to illustrate the principle of neurobiotaxis. The dendrites grow out toward the center of stimulation and the cell body shifts in the same direction. The axis-cylinder grows away from the center of stimulation (Kappers).

placed dorsolateral to the median unpaired portion of that nucleus (Figs. 136–138). This group of small cells gives origin to the general visceral efferent fibers of the *oculomotor nerve* which run to the ciliary ganglion for the innervation of the *intrinsic muscles of the eye*. The Edinger-Westphal nucleus begins at about the middle of the oculomotor complex and is situated medial to the dorsal border of the lateral nucleus (Fig. 137, *EW*). It can be traced rostrally in this position and then ventrally around the rostral end of the lateral nucleus to form a ventrodorsally directed column of cells which has been called the anterior medial nucleus (*AM*). This has the same structure as the Edinger-Westphal nucleus proper and is considered to be a part of the latter (Brouwer, 1918). The two nuclei are continuous one with the other and both are composed of oval or fusiform cells of the general visceral efferent type.

**Neurobiotaxis.**—The position of the motor nuclei of the brain stem varies greatly in different orders of vertebrates, and is determined by the source of the principal afferent impulses which reach them. The cell bodies of neurons are said to migrate in the direction of the chief fiber tracts from which they receive impulses (Ariëns Kappers, 1914, 1917;

Black, 1917). This orientation has been called *neurobiotaxis* and is illustrated in Fig. 143 where *B* represents a more advanced stage of development than *A*. In *B* the cell has moved toward the source of stimuli, and its dendrites have shortened.

**Nuclei of Origin and Terminal Nuclei.**—The efferent nuclei all have this in common, that the axons, which take origin from their constituent cells, leave the brain through the efferent roots of the cranial nerves. Hence they may all be included under the term *nuclei of origin*. On the other hand, the afferent fibers of the cerebrospinal nerves have their cells of origin located outside the central nervous system and, with the exception of the first two cranial nerves, in the cerebrospinal ganglia. These fibers enter the central nervous system and end by entering into synaptic relations with sensory neurons of the second order located in *terminal nuclei*. These are classified according to the function of the fibers which end in them as *visceral afferent* and *somatic afferent nuclei*.

### THE VISCERAL AFFERENT COLUMN

All of the visceral afferent fibers of the cranial nerves, except those of the first pair, are contained in the facial, glossopharyngeal, and vagus nerves. These include: (1) the fibers from the taste buds, which, since they mediate the special sense of taste, may be called *special visceral afferent fibers*; as well as (2) others

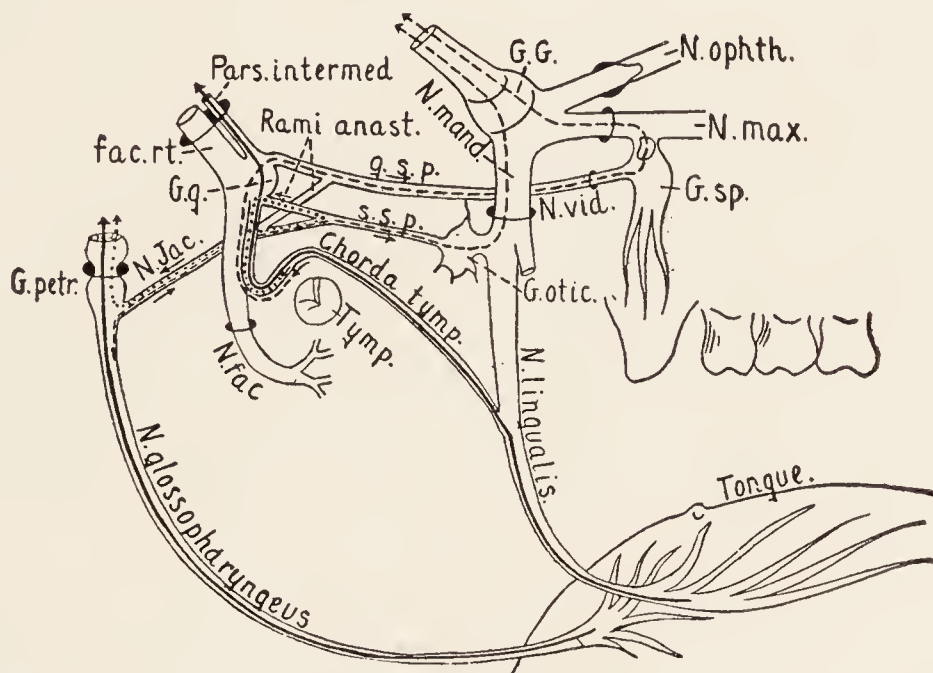


Fig. 144.—Diagram of the trigeminal, facial, and glossopharyngeal nerves showing the course of the taste fibers in solid black lines. The broken and dotted lines indicate the course which, according to certain investigators, some of the taste fibers are supposed to take: *G. G.*, Gasserian ganglion; *G. g.*, geniculate ganglion; *G. sp.*, sphenopalatine ganglion; *g.s.p.*, great superficial petrosal nerve; *N. Jac.*, the tympanic nerve of Jacobson; *N. vid.*, vidian nerve; *s.s.p.*, small superficial petrosal nerve. (Cushing.)

from the posterior part of the tongue, and from the pharynx, larynx, trachea, esophagus, and thoracic and abdominal viscera, which are known as *general visceral afferent fibers*. The majority of the taste fibers run through the seventh (via the chorda tympani and lingual) and ninth nerves, but a few reach the epiglottis by way of the tenth (Cushing, 1903; Wilson, 1905—Fig. 144). All of



these general and special visceral afferent fibers, whether contained in the seventh, ninth, or tenth nerves, enter the *tractus solitarius*, within which they descend for varying distances (Fig. 135, yellow). They terminate in a column of nerve-cells, which in part surround the tract and in part are scattered among its fibers. This is known as the *nucleus of the tractus solitarius* (Figs. 136, 142, 145). It is a long slender nucleus, which is best developed at the level of the superficial origin of the vagus nerve, where it lies lateral to the dorsal motor nucleus of that nerve and some little distance below the floor of the fourth ventricle (Figs. 112, 114, 142, 347-351, sol). The fibers from the seventh and ninth nerves terminate in the rostral portion of the nucleus, which is, therefore, the part especially concerned with the sense of taste, while those from the vagus end in the caudal part. Some of these vagus fibers after undergoing a partial decussation terminate in a cell mass, the commissural nucleus, which lies dorsal to the central canal in the closed part of the medulla and unites the nucleus of the tractus solitarius on one side with the corresponding nucleus on the other side (Figs. 136, 344, 345, com).

The **secondary afferent paths** from the nucleus of the tractus solitarius are not well defined. Since gustatory impulses arouse sensations of taste and the afferent impulses from the viscera may be vaguely represented in consciousness, there must be a secondary visceral afferent path, but we know very little about its location. Allen (1923) has presented evidence indicating that it may be included in the medial lemniscus.<sup>1</sup> The fibers arising from the nucleus of the tractus solitarius enter the reticular formation, and it is probable that a majority of them are distributed to the visceral motor nuclei of the medulla oblongata, including the nucleus ambiguus and the dorsal motor nucleus of the vagus. In this way arcs are established for a large and important group of visceral reflexes. Some of these fibers (or associated fibers arising in the adjacent reticular formation) descend to the spinal cord and may play an important part in the reflex control of respiration and in initiating reflex coughing and vomiting (Figs. 120, 265).

#### THE GENERAL SOMATIC AFFERENT NUCLEI

**Exteroceptive Nuclei.**—The general somatic afferent nuclei receive fibers from the skin and ectodermal mucous membrane of the head by way of the *trigeminal nerve*. These have their cells of origin in the semilunar ganglion. Within the pons many of them divide into short ascending and long descending branches (Fig. 146). The ascending branches terminate in the *main sensory nucleus*; the descending branches run through the spinal tract and terminate in the *nucleus of the spinal tract of the trigeminal nerve*. Windle (1926) has shown that some of the fibers do not bifurcate, but descend entire into the spinal tract.

<sup>1</sup> Kohnstamm and Hindelang (1910) and von Monakow (1913) have described a secondary visceral afferent path which arises from the gray matter in and around the tractus solitarius and terminates in the thalamus.

Since these nuclei receive sensory fibers from the skin and ectodermal mucous membrane of the head, they are *exteroceptive* in function. The spinal tract and its nucleus also receive a few cutaneous afferent fibers through the glossopharyngeal and vagus nerves from the skin of the external ear (Fig. 135).

The *main sensory nucleus of the trigeminal nerve* is located at the level of the middle of the pons in the lateral part of the reticular formation some distance from the floor of the fourth ventricle (Figs. 125, 136, 145). The *spinal nucleus*, with which it is continuous, at first lies deeply under cover of the restiform body; but when it is traced caudally it approaches the surface and, covered

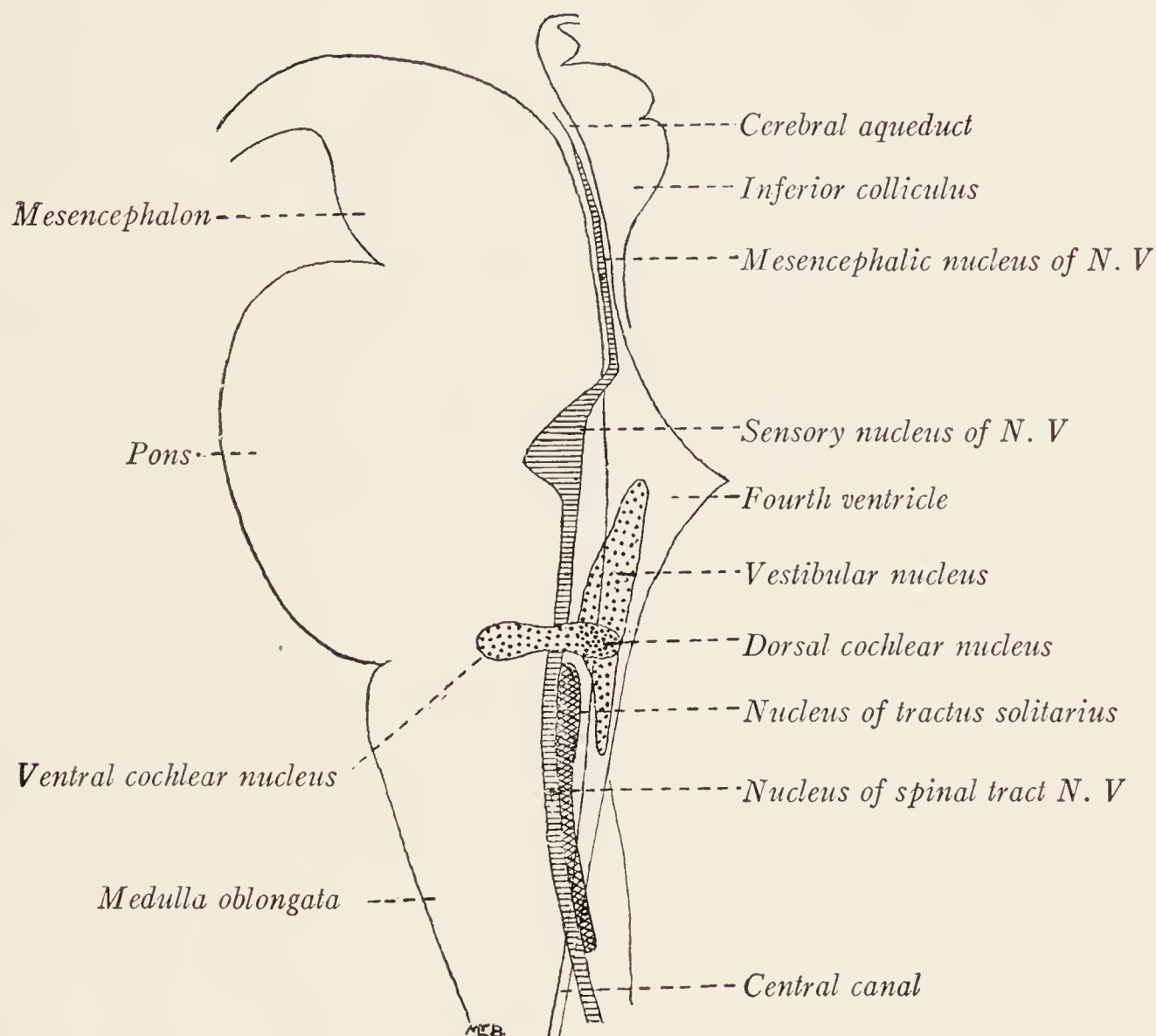


Fig. 145.—Sensory nuclei projected upon a median sagittal section of the human brain stem. Horizontal lines, general somatic sensory nuclei; cross-hatching, visceral sensory nucleus; stipple, special somatic sensory nuclei.

by the spinal tract, forms the tuberculum cinereum (Figs. 110, 114). It finally becomes continuous with the substantia gelatinosa Rolandi of the spinal cord. Thus we have a *continuous column* of gray matter extending from the sacral portion of the spinal cord into the brain stem and ending abruptly in an enlargement, the main sensory nucleus of the trigeminal nerve (Figs. 341–359, sp v and sen v). This entire column receives afferent fibers from the skin and belong to the *exteroceptive* portion of the *somatic afferent* division of the nervous systems. Pain and temperature sensations from the trigeminal area are mediated exclusively by the spinal tract and its nucleus. Probably both the main sensory



and the spinal nuclei are concerned in tactile sensibility (Gerard, 1923; Sjöqvist, 1938).

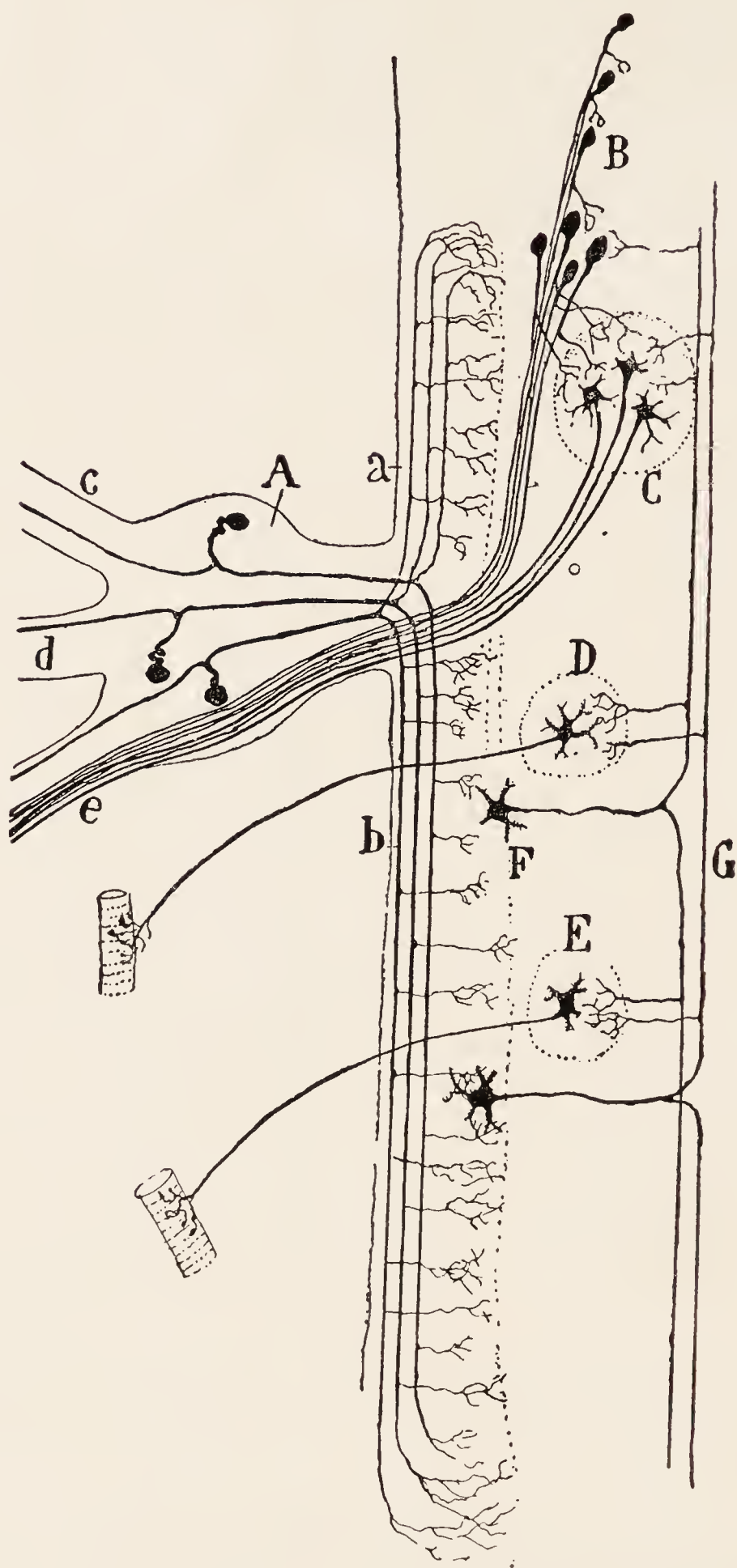


Fig. 146.—Diagram of the nuclei and central connections of the trigeminal nerve: *A*, Semilunar ganglion; *B*, mesencephalic nucleus, N. V; *C*, motor nucleus, N. V; *D*, motor nucleus, N. VII; *E*, motor nucleus, N. XII; *F*, nucleus of the spinal tract of N. V; *G*, sensory fibers of the second order of the trigeminal path; *a*, ascending and *b*, descending branches of the sensory fibers, N. V; *c*, ophthalmic nerve, *d*, maxillary nerve; *e*, mandibular nerve. (Cajal.)

From the cells of the main sensory and spinal nuclei of the trigeminal nerve arise fibers which enter the reticular formation and are there grouped into longitudinal bundles from which collaterals are given off to the motor nuclei

of the brain stem (Fig. 146). There are at least two such longitudinal bundles in each lateral half of the brain. The *ventral secondary afferent path of the trigeminal nerve* consists for the most part of crossed fibers and is located in the ventral part of the reticular formation, close to the spinothalamic tract in the medulla, and dorsal to the medial lemniscus in the pons and mesencephalon (Fig. 147). It is composed in large part of long fibers which reach the thalamus. The *dorsal secondary afferent path of the trigeminal nerve* consists chiefly of uncrossed fibers and lies not far from the floor of the fourth ventricle and the central gray matter of the cerebral aqueduct. It consists in considerable part of short fibers (Cajal, 1911; Wallenberg, 1905; Economo, 1911; Dejerine, 1914).

The **proprioceptive nuclei** of the cranial nerves have to do with afferent impulses arising in the muscles of mastication and in the extrinsic muscles of the eye. The *mesencephalic nucleus* of the fifth nerve contains large unipolar cells

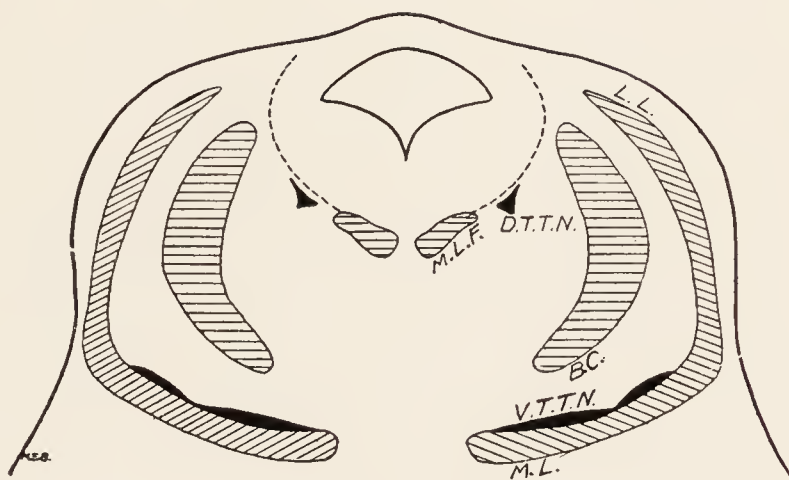


Fig. 147.—Diagram to show the location of the secondary sensory tracts of the trigeminal nerve (solid black) in the tegmental portion of the rostral part of the pons: *B.C.*, Brachium conjunctivum; *D.T.T.N.*, dorsal secondary sensory tract of the trigeminal nerve; *L.L.*, lateral lemniscus; *M.L.*, medial lemniscus; *M.L.F.*, medial longitudinal fasciculus; *V.T.T.N.*, ventral secondary sensory tract of trigeminal nerve.

of the sensory type (Fig. 26, C). Fibers arising from this nucleus run through the mesencephalic root to join the motor root of the trigeminal nerve (Fig. 146) and are distributed chiefly to the muscles of mastication. Some also go to the teeth and palate. They are afferent fibers concerned in the reflex control of mastication (Corbin, 1940; Corbin and Harrison, 1940). The mesencephalic nucleus presents an exception to the rule that the afferent fibers of the cerebrospinal nerves take origin from cells located outside the cerebrospinal axis. This nucleus lies in the lateral wall of the rostral portion of the fourth ventricle and in the lateral part of the gray matter surrounding the cerebral aqueduct (Figs. 136, 145, 359–364, mes v).

The origin of the afferent fibers for the extrinsic muscles of the eye is unknown, although we know that such afferent fibers are present in the oculomotor, trochlear, and abducens nerves.

Tozer and Sherrington found that the sensory fibers supplying the extrinsic ocular muscles degenerate along with their neuromuscular and neurotendinous endings after section



of the oculomotor, trochlear, and abducens nerves. Clumps of ganglion cells have been found along the course of these nerves, but their number is inconstant and it is not certain that they give origin to proprioceptive fibers. Perhaps these come from the mesencephalic nucleus of the fifth nerve or some other similar nucleus in the brain stem. The cells in the mesencephalic nucleus of the trigeminal have in Nissl preparations an appearance very similar to that of the proprioceptive cells of the spinal ganglia, but the cells found scattered along the third, fourth, and sixth nerves have quite a different arrangement of Nissl granules (Clark, 1926).

### SPECIAL SOMATIC AFFERENT NUCLEI

The special somatic afferent nuclei are associated with the acoustic nerve, which is composed of two divisions. One part, the *cochlear nerve*, conveys impulses aroused by sound waves reaching the cochlea through the outer ear

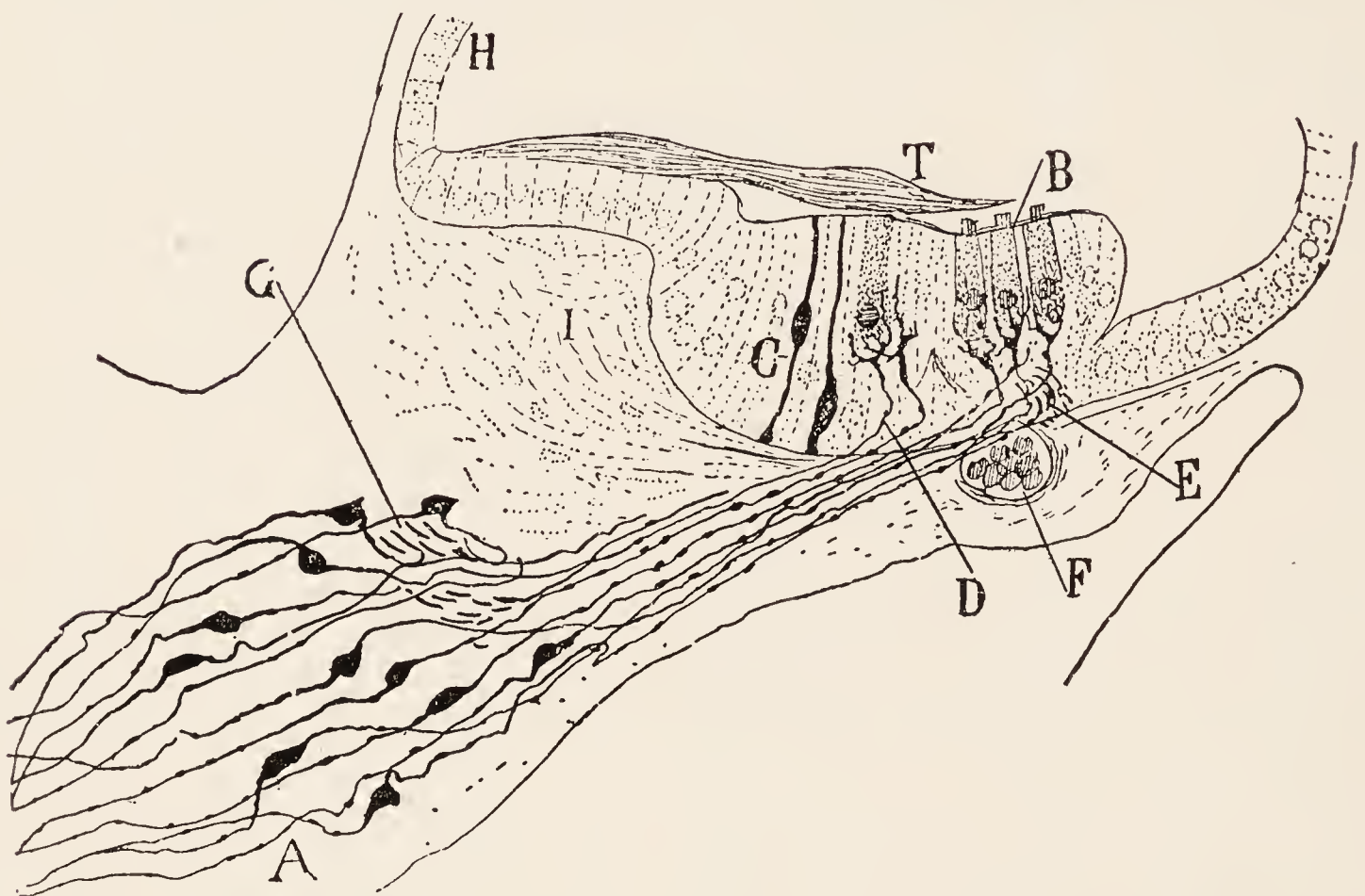


Fig. 148.—Section of the spiral ganglion and organ of Corti of the mouse: A, Bipolar cells of the spiral ganglion; B, outer hair cells; C, sustentacular cells; D, terminal arborization of the peripheral branch of a bipolar cell about an inner hair cell; T, tectorial membrane. Golgi method. (Cajal.)

and tympanic cavity. Since it responds to stimuli from without, the cochlear apparatus subserves *exteroceptive* functions. The *vestibular nerve*, on the other hand, conveys impulses from the semicircular canals of the ear. These are important *proprioceptive* sense organs and give information concerning the movements and posture of the head.

The **cochlear nuclei** are the terminal nuclei of the cochlear nerve, the fibers of which take origin in the *spiral ganglion of the cochlea*. This is composed of bipolar cells, each having a short peripheral and a longer central process (Fig. 148). The peripheral process terminates in the *spiral organ* of Corti. The central process is directed toward the brain in the cochlear nerve. These central fibers

terminate in two masses of gray matter, located on the restiform body near the point where the latter turns dorsally into the cerebellum (Figs. 122, 136, 145, 351–354, dc and vc). One of these masses, the *dorsal cochlear nucleus*, is placed on the dorsolateral aspect of the restiform body and produces a prominent elevation on the surface of the brain (Fig. 100). The other, known as the *ventral cochlear nucleus*, is in contact with the ventrolateral aspect of the restiform body.

**Secondary Auditory Path.**—From the cells of the ventral cochlear nucleus arise fibers which stream medialward in the ventral part of the pars dorsalis pontis and form the *trapezoid body* (Figs. 123, 149). The fibers cross the median

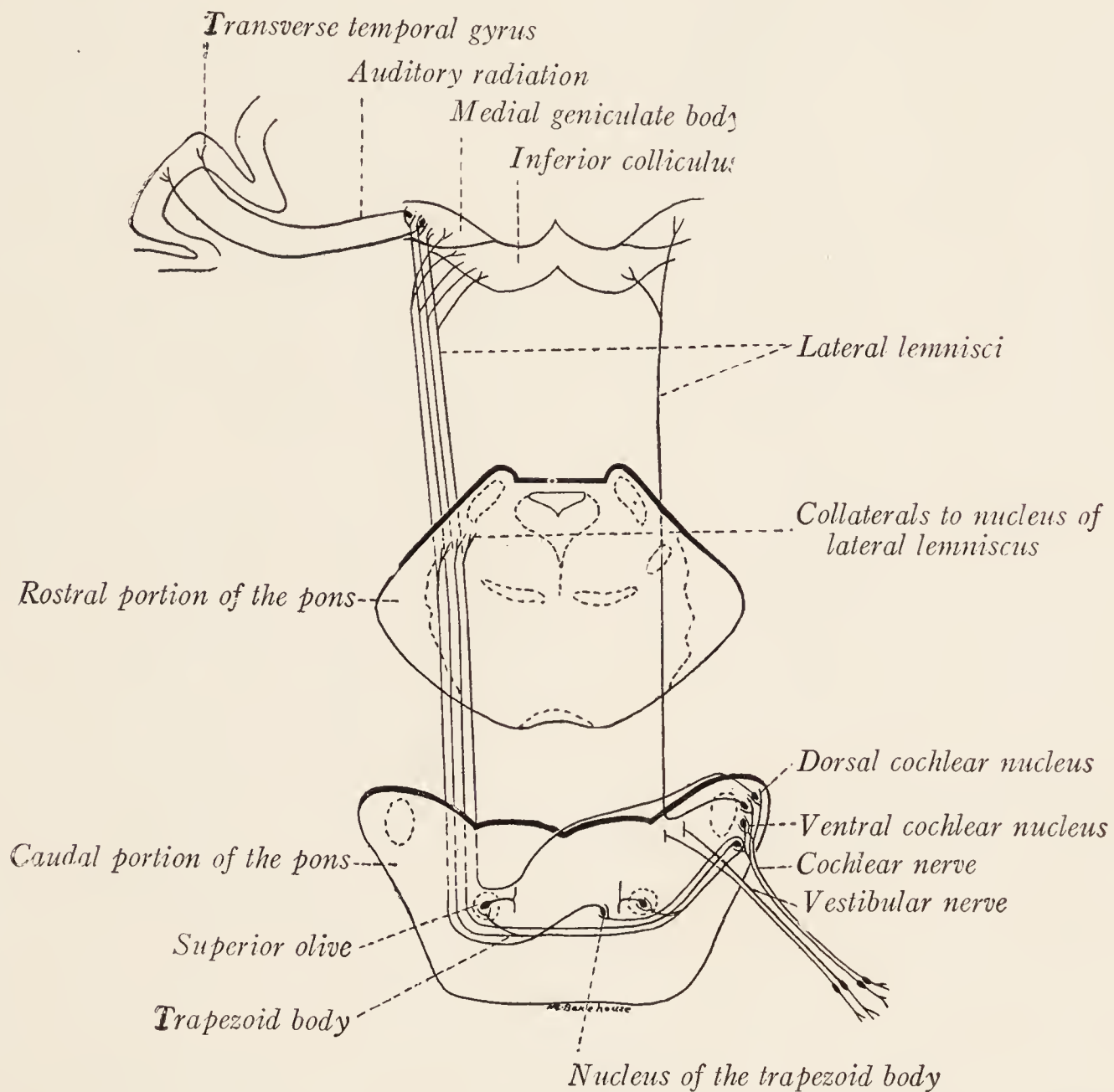


Fig. 149.—Diagram of the auditory pathway. (Based on the researches of Cajal and Kreidl.)

plane and on reaching the lateral border of the opposite superior olivary nucleus turn rostrally as a compact bundle known as the *lateral lemniscus* (Figs. 125, 127, 129). Some of the fibers of the trapezoid body end in the *superior olivary nuclei* and in the *nuclei of the trapezoid body*, while others give off collaterals to these nuclear masses. Some of the fibers arising in these nuclei, especially in the nuclei of the trapezoid body, join in the formation of the lateral lemniscus; but according to Cajal (1909) a majority of the fibers from the superior olivary nucleus belong to short reflex pathways in the reticular formation connecting the cochlear nerve with the nuclei of the motor nerves of the head and neck.



An important group of these fibers runs through the peduncle of the superior olive to the abducens nucleus. Fibers arising in the dorsal cochlear nucleus, and possibly also some from the ventral cochlear nucleus, sweep over the dorsal surface of the restiform body and then run beneath the floor of the fourth ventricle to the midline. On reaching the median plane these fibers decussate, sink into the reticular formation, and join the trapezoid body or lateral lemniscus of

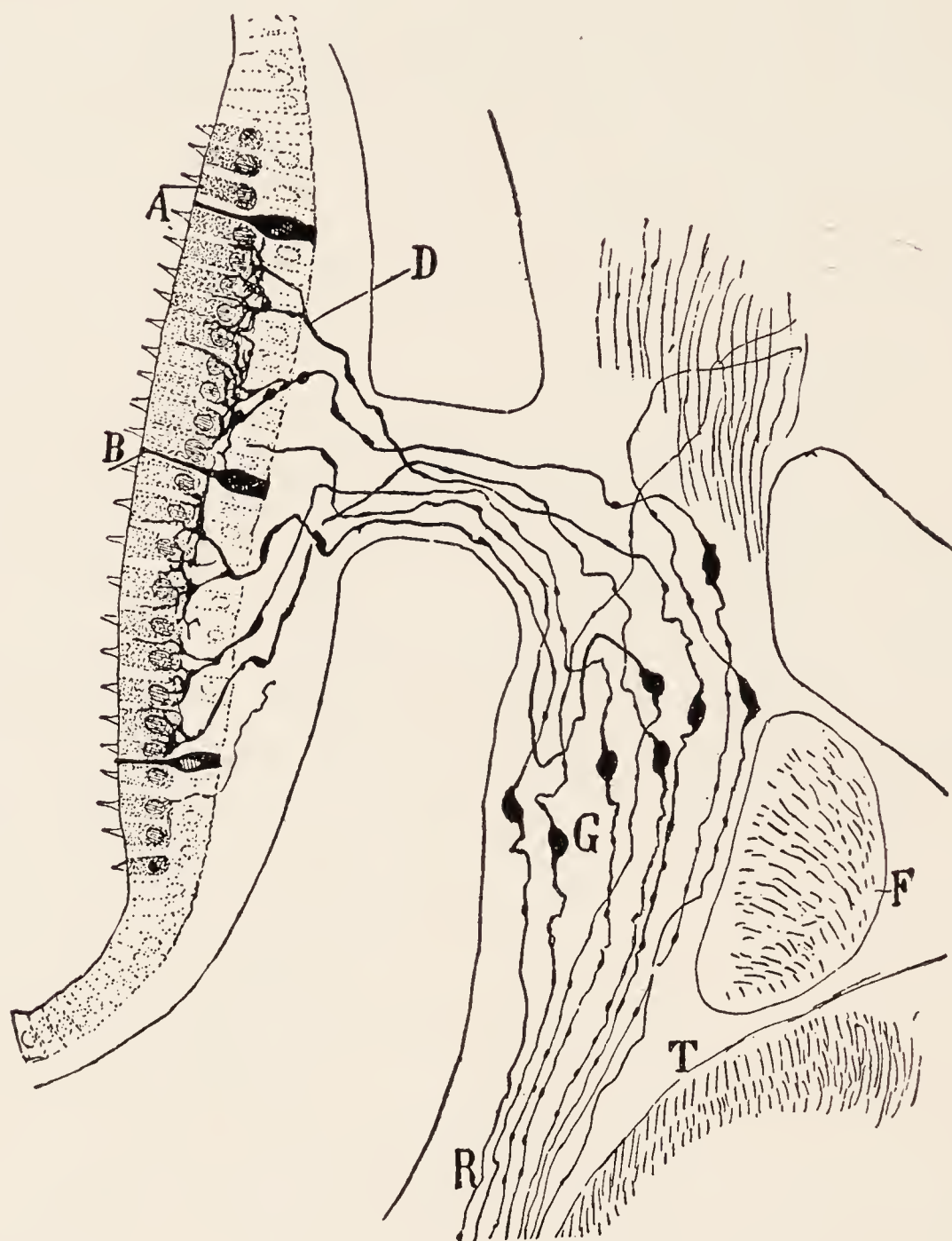


Fig. 150.—The vestibular ganglion and the termination of the peripheral branches of its bipolar cells in a macula acustica: *A*, Hair cells and *B*, sustentacular cells of the macula; *D*, terminal arborization of the peripheral branches of the bipolar cells of the vestibular ganglion (*G*) about the hair cells of the macula; *F*, facial nerve; *R*, central branches of the bipolar cells directed toward the medulla oblongata, *T*. Mouse. Golgi method. (Cajal.)

the opposite side. Some fibers of the secondary auditory path probably fail to cross, since clinical experience and evidence based on animal experiments tend to show that a part of the fibers in the lateral lemniscus represent an uncrossed path from the cochlear nuclei of the same side (Kreidl, 1914).

As the *lateral lemniscus* ascends in the reticular formation of the pons, there are scattered among its fibers many nerve-cells which together constitute the *nucleus of the lateral lemniscus*. To these cells it gives off collaterals and pos-

sibly also terminal branches, and from them it is said to receive additional fibers. But according to Cajal the axons arising here do not ascend in the lateral lemniscus, but are directed medially into the reticular formation.

On reaching the mesencephalon the *lateral lemniscus* terminates in part in the *inferior colliculus*, but also sends branches and direct fibers by way of the inferior quadrigeminal brachium to the *medial geniculate body*. While the medial geniculate body is a way-station on the auditory path to the cerebral cortex, the inferior colliculus serves as a center for reflexes in response to sound.

**The Vestibular Nuclei.**—The fibers of the vestibular nerve take origin from the bipolar cells of the *vestibular ganglion* located in the internal auditory meatus (Fig. 150). The cochlear and vestibular divisions of the acoustic nerve separate at the ventral border of the restiform body. Here the vestibular nerve penetrates into the brain, passing between the restiform body and the spinal tract of the trigeminal nerve toward the area acustica of the rhomboid fossa. Under cover of the area acustica the fibers divide into short ascending and longer descending branches (Figs. 149, 151). There may be enumerated five cellular masses within which these fibers terminate, namely: (1) the *medial* or *principal nucleus*, (2) the *descending* or *spinal nucleus*, (3) the *superior nucleus* of Bechterew, (4) the *lateral nucleus* of Deiters, and (5) the *cerebellum* (Figs. 145, 151).

The *medial, principal, or dorsal vestibular nucleus* is very large. It lies subjacent to the major portion of the area acustica and belongs, therefore, to both the pons and the medulla oblongata (Figs. 101, 114, 122, 348–353, m ve). It can be followed in serial sections as far as the rostral extremity of the nucleus gracilis. The gray matter, associated with the descending branches from the vestibular nerve, lies on the medial side of the restiform body, and constitutes the *spinal* or descending *vestibular nucleus* (Figs. 341, 342, sp ve). The *lateral vestibular nucleus* of Deiters is situated along the course of the vestibular nerve within the pons and also at the point where the vestibular nerve-fibers begin to branch close to the restiform body (Figs. 122, 353–356, l ve). It is composed of large multipolar cells. Directly continuous with the medial and lateral nuclei is a mass of medium-sized cells, the *superior vestibular nucleus* of Bechterew, located in the floor and lateral wall of the fourth ventricle at the level of the abducens nucleus and extending rostrally as far as the caudal border of the main sensory nucleus of the trigeminal nerve (Figs. 123, 355–358, sup ve) (Weed, 1914).

Some of the ascending branches of the vestibular nerve run to the cerebellum. These are joined by cerebellopetal fibers arising in the superior vestibular nucleus and probably also by some from the lateral vestibular nucleus. Together these ascending fibers form the *vestibulocerebellar fasciculus* which lies on the medial side of the restiform body (Figs. 123, 151).

**Secondary Vestibular Paths.**—Besides the fibers to the cerebellum mentioned in the preceding paragraph two important tracts of fibers take origin in the



vestibular nuclei. One of these was encountered in the study of the *medial longitudinal bundle*. Cells in the superior, spinal, and medial vestibular nuclei give rise to fibers which run to the medial longitudinal fascicle, and through it reach the motor nuclei of the ocular muscles (Fig. 151). In this way there is established an arc, which makes possible the reflex response of the eye muscles to afferent impulses arising in the vestibule and semicircular canals of the ear. The other bundle was considered in connection with the spinal cord as the *vestibulospinal tract*, the fibers of which take origin from the cells of the lateral nucleus and descend into the anterior funiculus of the same side of the cord. These fibers serve to place the primary motor neurons of the spinal cord under

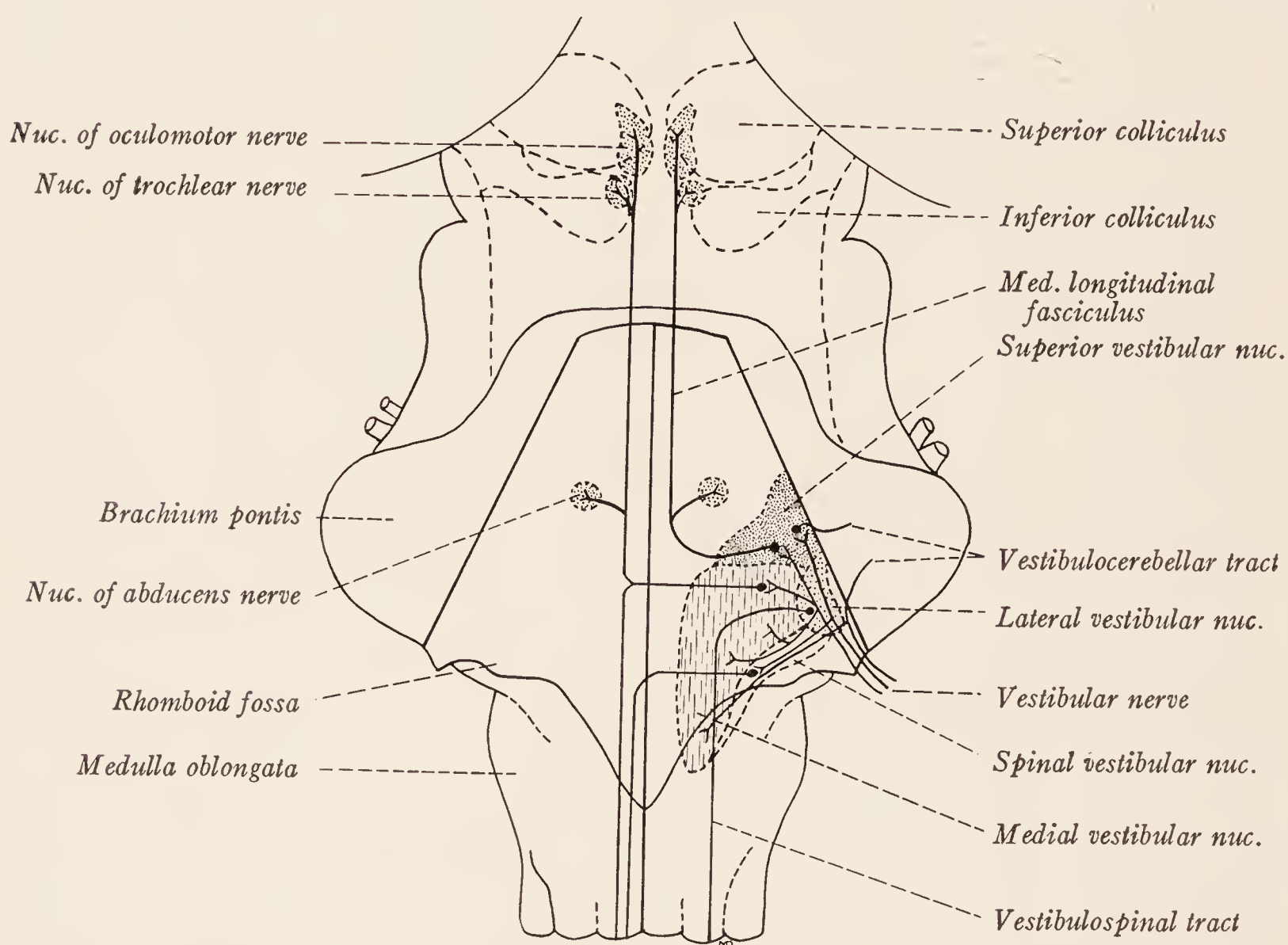


Fig. 151.—Diagram of the nuclei and central connections of the vestibular nerve.

the reflex control of the vestibular apparatus. No tract to the thalamus is known. This is in keeping with the fact that ordinarily the activities of the vestibular apparatus are not clearly represented in consciousness.

The course of the secondary vestibular fibers in the medial longitudinal fasciculus has been investigated in recent years by Gray (1926), Rasmussen (1932) and Buchanan (1937) with results which are on the whole concordant. Figure 151 presents the origin and course of those fibers concerning which at least two of these authors are in agreement. From the superior vestibular nucleus fibers ascend in the fasciculus of the same side. From the medial nucleus fibers cross the midline and divide into ascending and descending branches in the fasciculus of the opposite side. From the descending nucleus fibers cross and run downward in the opposite fasciculus.

## SUMMARY OF THE ORIGIN, COMPOSITION, AND CONNECTIONS OF THE CRANIAL NERVES

The olfactory and optic nerves and the nervus terminalis, which have not yet been considered in detail, have been included in this summary for the sake of completeness.

The **nervus terminalis** is a recently discovered nerve which arises from the cerebral hemisphere in the region of the medial olfactory tract or stria. It is closely associated with the olfactory nerve and its fibers run to the nasal septum (Fig. 9). The origin, termination, and function of its component fibers are not yet understood (McKibben, 1911; Huber and Guild, 1913; McCotter, 1913; Johnston, 1914; Brookover, 1914, 1917; Larsell, 1918, 1919). Since it was unknown at the time the cranial nerves were first enumerated, it bears no numerical designation.

**I. Olfactory Nerve.**—Superficial origin from the olfactory bulb in the form of a number of fine fila which separately pass through the openings in the cribriform plate. It is composed of special visceral afferent fibers with cells of origin in the olfactory mucous membrane. The fibers terminate in the glomeruli of the olfactory bulb.

**II. Optic Nerve.**—Not a true nerve; but both from the standpoint of its structure and development, a fiber tract of the brain. Superficial origin, from the optic chiasma, or after partial decussation, from the lateral geniculate body, and superior colliculus. Component fibers: special somatic afferent—exteroceptive; origin, ganglion cells of the retina; terminations in the lateral geniculate body, and superior colliculus. The fibers from the nasal half of each retina cross in the optic chiasma.<sup>1</sup>

**III. Oculomotor Nerve.**—Superficial origin from the oculomotor sulcus on the medial aspect of the cerebral peduncle. Composition:

1. *Somatic Efferent Fibers.*—Cells of origin in the oculomotor nucleus of the same and to a less extent of the opposite side (Fig. 135). Termination in the extrinsic muscles of the eye except the superior oblique and the lateral rectus.

2. *General Visceral Efferent Fibers.*—Cells of origin in the Edinger-Westphal nucleus. Termination in the ciliary ganglion, from the cells of which postganglionic fibers run to the intrinsic muscles of the eye.

3. *General Somatic Afferent Fibers.*—Proprioceptive fibers for the eye muscles.

**IV. Trochlear Nerve.**—Superficial origin, from the anterior medullary velum. Composition (Fig. 135):

1. *Somatic Efferent Fibers.*—Cells of origin in the trochlear nucleus; decussation in the anterior medullary velum; termination in the superior oblique muscle of the eye.

<sup>1</sup> It has been demonstrated by Arey that there are also efferent fibers in the optic nerves of fishes which control the movement of the retinal elements in response to light, Jour. Comp. Neur., vol. 26, p. 213.



2. *General Somatic Afferent Fibers*.—Proprioceptive fibers for the superior oblique muscle.

V. **Trigeminal Nerve**.—Superficial origin from the lateral aspect of the middle of the pons by two roots: the portio major or sensory root and the portio minor or motor root. Composition (Fig. 135):

1. *General Somatic Afferent Fibers*.—A, Exteroceptive—Cells of origin in the semilunar ganglion (Gasserii), chiefly unipolar with **T**-shaped axons, peripheral branches to skin and mucous membrane of the head, central branches by way of the portio major to the brain. Termination in the main sensory nucleus and nucleus of the spinal tract of the trigeminal nerve.

2. *General Somatic Afferent Fibers*.—B, Proprioceptive—Cells of origin probably located in the mesencephalic nucleus of the fifth nerve. Fibers by way of the portio minor, distributed as sensory fibers to the muscles of mastication.

3. *Special Visceral Efferent Fibers*.—Cells of origin in the motor nucleus of the fifth nerve. Fibers by way of the portio minor and the mandibular nerve to the muscles of mastication.

VI. **Abducens Nerve**.—Superficial origin from the lower border of the pons just rostral to the pyramid. Composition:

1. *Somatic Efferent Fibers*.—Cells of origin in the abducens nucleus; termination in the lateral rectus muscle of the eye.

2. *General Somatic Afferent Fibers*.—Proprioceptive fibers for the lateral rectus muscle.

VII. **Facial Nerve and Nervus Intermedius**.—Superficial origin from the lateral part of the lower border of the pons separated from the flocculus by the eighth nerve. Composition (Fig. 135):

1. *General Visceral Afferent Fibers*.—Cells of origin in the ganglion geniculi. The peripheral branches run through the branches of the facial nerve, supplying deep sensibility to the face. The central branches run by way of the nervus intermedius to the tractus solitarius and end in the nucleus of that tract.

2. *Special Visceral Afferent Fibers*.—Cells of origin in the ganglion geniculi. The peripheral branches run by way of the chorda tympani and lingual nerves to the taste buds of the anterior two-thirds of the tongue. The central branches run by way of the nervus intermedius to the tractus solitarius and end in the nucleus of that tract. It is probable that the taste fibers terminate in the rostral part of this nucleus.

3. *General Visceral Efferent Fibers*.—Cells of origin in the nucleus salivatorius superior. These fibers run by way of the nervus intermedius, facial nerve, chorda tympani, and lingual nerve to the submaxillary ganglion for the innervation of the submaxillary and sublingual salivary glands.

4. *Special Visceral Efferent Fibers*.—Cells of origin in the motor nucleus of the facial nerve. These fibers run by way of the facial nerve to end in the superficial musculature of the face and scalp, and in the platysma, posterior belly of the digastric, and stylohyoid muscles.

**VIII. Acoustic Nerve.**—Superficial origin from the lateral part of the lower border of the pons near the flocculus. Consists of two separate parts known as the vestibular and cochlear nerves.

**The Vestibular Nerve.**—The component fibers belong to the *special somatic afferent* group and are proprioceptive. Cells of origin, in the vestibular ganglion, are bipolar. Their peripheral branches run to the semicircular canals, utricle and saccule. Their central branches terminate in the medial, lateral, superior, and spinal vestibular nuclei. Some of them run without interruption to the cerebellum.

**The Cochlear Nerve.**—The component fibers belong to the *special somatic afferent* group and are exteroceptive. Cells of origin, in the spiral ganglion of the cochlea, are bipolar. Their peripheral branches end in the spiral organ of Corti. Their central branches terminate in the ventral and dorsal cochlear nuclei.

**IX. The Glossopharyngeal Nerve.**—Superficial origin, from the rostral end of the posterior lateral sulcus of the medulla oblongata in line with the tenth and eleventh nerves. Composition (Fig. 135):

1. *General Visceral Afferent Fibers.*—Cells of origin in the ganglion petrosum, peripheral branches form the general sensory fibers to the pharynx and posterior third of the tongue, central branches run to the tractus solitarius and its nucleus.

2. *Special Visceral Afferent Fibers.*—Cells of origin in the ganglion petrosum, peripheral branches to the taste buds of the posterior third of the tongue, central branches to the tractus solitarius and its nucleus.

3. *General Visceral Efferent Fibers.*—Cells of origin in the inferior salivatory nucleus; fibers run to the otic ganglion, from the cells of which postganglionic fibers carry the impulses to the parotid gland.

4. *Special Visceral Efferent Fibers.*—Cells of origin in the nucleus ambiguus. Termination in the stylopharyngeus muscle.

**X. Vagus Nerve.**—Superficial origin from the rostral part of the posterior lateral sulcus of the medulla oblongata in line with the ninth and eleventh and just caudal to the ninth. Composition (Fig. 135):

1. *General Somatic Afferent Fibers.*—Cells of origin in the ganglion jugulare; peripheral branches to the skin of the external ear by way of the ramus auricularis; central branches to the spinal tract of the trigeminal nerve and its nucleus. According to Herrick, some of these fibers from the external ear run by way of the glossopharyngeal nerve also.

2. *General Visceral Afferent Fibers.*—Cells of origin in the ganglion nodosum, peripheral branches run as sensory fibers to the pharynx, larynx, trachea, esophagus, and the thoracic and abdominal viscera; central branches run to the tractus solitarius and terminate in its nucleus.

3. *Special Visceral Afferent Fibers.*—Cells of origin in the ganglion nodosum; peripheral branches to the taste buds of the epiglottis probably by way of the internal laryngeal nerve; central branches run to the tractus solitarius and terminate in its nucleus.

4. *General Visceral Efferent Fibers.*—Cells of origin in the dorsal motor nucleus



of the vagus. Fibers run to the sympathetic ganglia of the vagal plexuses for the innervation of the thoracic and abdominal viscera.

5. *Special Visceral Efferent Fibers*.—Cells of origin in the nucleus ambiguus. Termination in the striated musculature of the pharynx and larynx.

It will be noted that the facial, glossopharyngeal and vagus nerves each contains general and special visceral afferent and general and special visceral efferent fibers.

**XI. Accessory Nerve**.—Superficial origin from the posterior lateral sulcus of the medulla oblongata caudal to the ninth and tenth and from the lateral aspect of the first five or six cervical segments of the spinal cord. Composition (Fig. 135):

1. *General Visceral Efferent Fibers*.—Cells of origin in the dorsal motor nucleus of the vagus. Fibers run in the bulbar rootlets and then by way of the internal ramus of the accessory to join the vagus, and end in the sympathetic plexuses, associated with the vagus nerve, for the innervation of thoracic and abdominal viscera.

2. *Special Visceral Efferent Fibers*.—These fall into two groups: A, fibers, whose cells of origin are located in the nucleus ambiguus, and which run by way of the internal ramus of the accessory to join the vagus and are distributed through it to the striated muscles of the pharynx and larynx; B, fibers, whose cells of origin lie in the lateral part of the anterior gray column of the first five or six cervical segments of the spinal cord, and which ascend in the spinal root of the accessory nerve and then run in its external ramus to end in the trapezius and the sternocleidomastoid muscles.

**XII. Hypoglossal Nerve**.—Superficial origin from the anterior lateral sulcus of the medulla between the pyramid and the olive. It is composed of somatic efferent fibers, whose cells of origin are located in the hypoglossal nucleus and whose termination is in the musculature of the tongue. According to Langworthy (1924) this nerve also carries the proprioceptive fibers for the tongue.

## CHAPTER XIV

### THE CEREBELLUM

#### DEVELOPMENT OF THE CEREBELLUM

THE dorsal border of the *alar lamina* occupies a lateral position in the rhombencephalon and, as a result of the development of the pontile flexure, acquires a **V**-shaped bend at the apex of which is the *lateral recess* of the fourth ventricle (Fig. 152, *A*). This dorsal border becomes everted and forms a prominent ridge

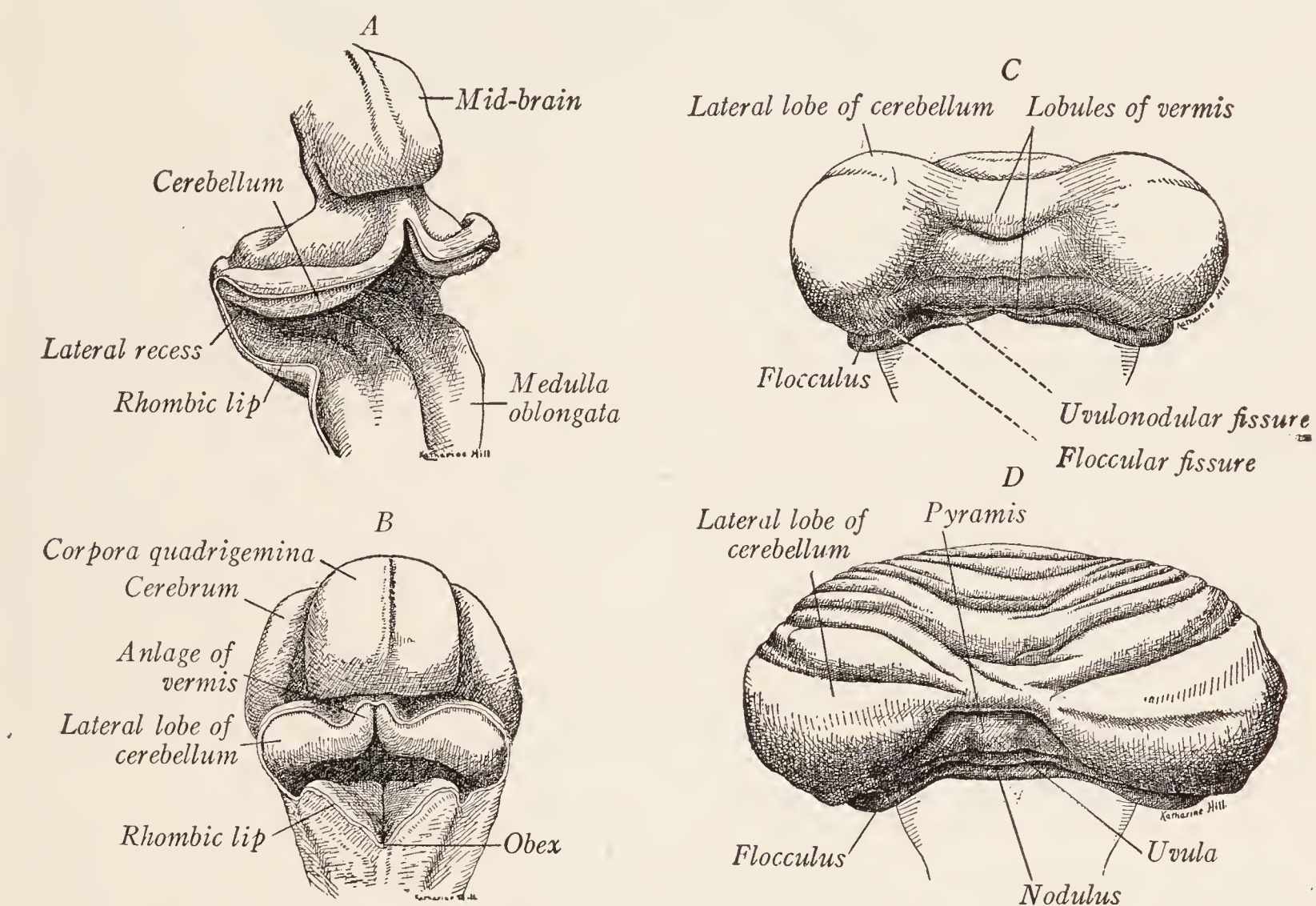


Fig. 152.—Dorsal view of four stages in the development of the cerebellum: *A*, of a 13.6 mm. embryo (His); *B*, of a 24 mm. embryo; *C*, of a 110 mm. fetus; *D*, of a 150 mm. fetus. (Pren-tiss and Arey.)

known as the *rhombic lip*. From the portion of this ridge caudal to the lateral recess develop the tænia of the fourth ventricle and the obex. At the level of the recess the fibers of the acoustic nerve reach the dorsal edge of the alar lamina, which, accordingly, undergoes development at this point into *vestibular* and *cochlear nuclei*. More rostrally it undergoes an excessive development, which is stimulated by the growth into it of afferent fibers from the vestibular nerve and of sensory fibers of the second order, bringing afferent impulses from other



sources, chiefly from the somatic musculature. This part of the alar lamina develops into the *cerebellum*. As the paired *cerebellar plates* increase in thickness during the second month of embryonic development, they bulge inward toward the ventricle and take up a transverse position (Fig. 152, *B*). As they increase in size they invade the roof plate and unite in the median plane forming a transverse bar above the fourth ventricle. The lateral extremities of this bar expand, and the entire structure assumes a dumb-bell shape, the lateral masses representing the future cerebellar hemispheres and the intermediate part the future vermis.

At the close of the third month transverse sulci began to appear in the vermis. The first of these are the primary and the uvulonodular fissures. Other transverse fissures soon appear, due to the rapid expansion and resultant folding of the cortical layers.

The cerebellum differs from the other parts of the nervous system, which we have thus far studied in detail, in that the relative position of the gray and white matter is reversed. The gray substance forms a thin superficial layer, the *cerebellar cortex*, which covers a central white *medullary body* (corpus medullare). Originally the cerebellar plate is formed, like other parts of the neural tube, of an ependymal, a nuclear or mantle, and a cell-free marginal zone. The neuroblasts of the *mantle zone* take only a small part in the formation of the cortex, but become grouped in the internal nuclear masses of the cerebellum. The superficial or *marginal zone* is at first devoid of nuclei; most of the neuroblasts, from which the cerebellar cortex is differentiated, migrate into this zone from the rhombic lip. These developing neurons send their axons inward instead of outward as in the case of the spinal cord. These axons accumulate, along with others which enter the cerebellum from without, in the deep part of the marginal layer and form the central medullary body of the cerebellum, separating the developing cortex from the deep nuclear masses that are differentiating from the mantle layer (Dowd, 1929).

#### THE ANATOMY OF THE CEREBELLUM

It is customary to consider the cerebellum as composed of three parts: a small unpaired median portion, called the *vermis*, because superficially it resembles a worm bent on itself to form almost a complete circle; and two large lateral masses, the *cerebellar hemispheres*. On the dorsal surface of the cerebellum the vermis (Fig. 153) forms a median ridge, not sharply marked off laterally from the hemispheres. This part has been called the *superior vermis*, and in contradistinction the remainder is known as the *inferior vermis*. The latter forms a prominent ridge and lies in a deep groove between the hemispheres on the ventral surface of the cerebellum (Fig. 155). The cerebellar cortex is folded to form long slender convolutions or *folia* separated by parallel sulci.

Although morphologically incorrect, the division of the cerebellum into vermis and hemispheres is simple and has the advantage of established usage



The names which have been applied in descriptive anatomy to the lobular subdivisions of the hemispheres are antiquated and meaningless, but for purposes of reference they have been retained in Figs. 153 and 155.

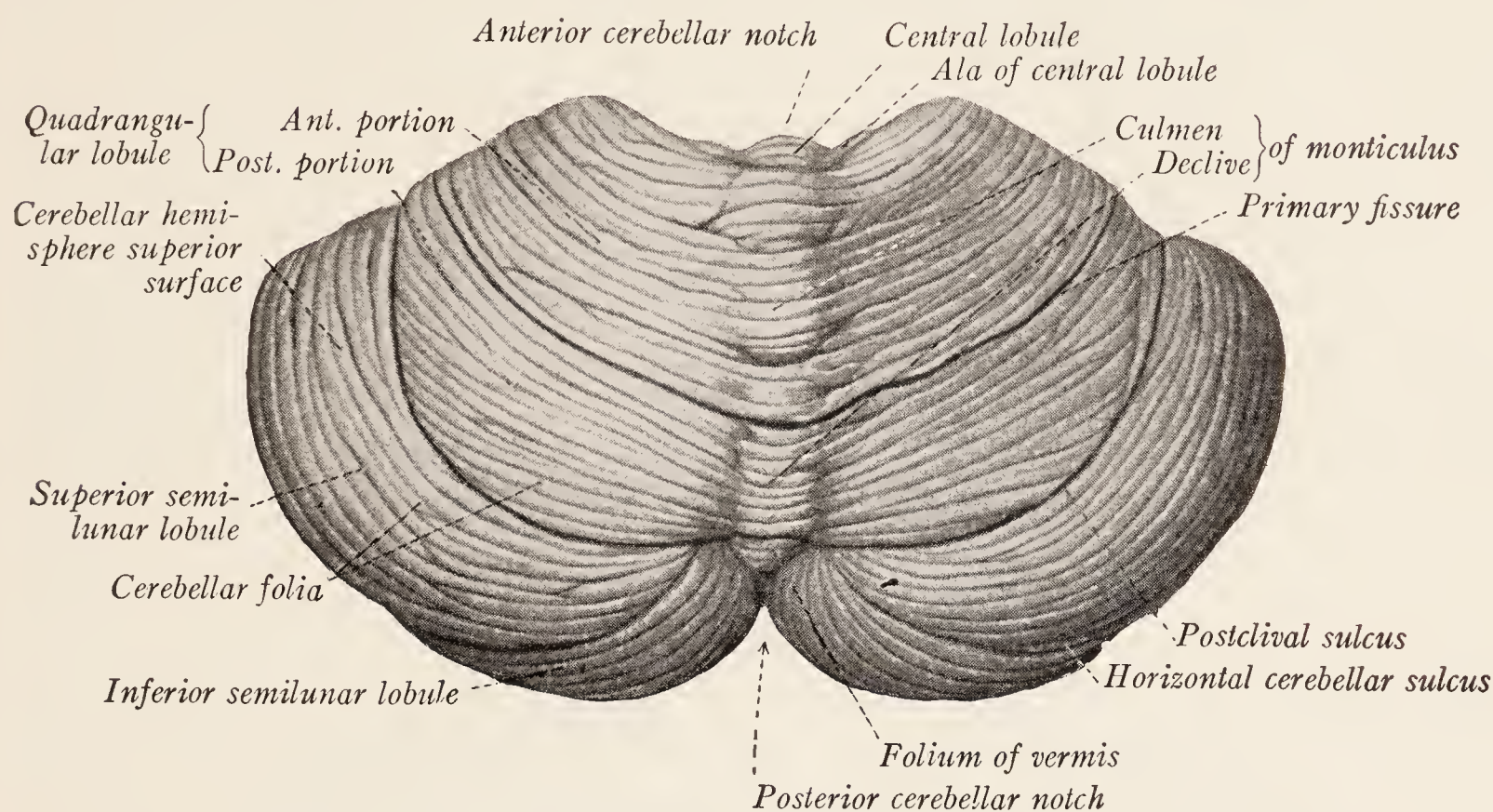


Fig. 153.—Dorsal view of the human cerebellum. (Modified from Sobotta-McMurrich.)

The fundamental plan of the mammalian cerebellum is represented in Fig. 157. The *flocculonodular lobe*, which includes in addition to the paired flocculi a median unpaired portion known as the nodule, is to be distinguished from the remainder of the cerebellum, which has been called the *corpus cerebelli* and which is subdivided into two parts: the anterior and posterior lobes.

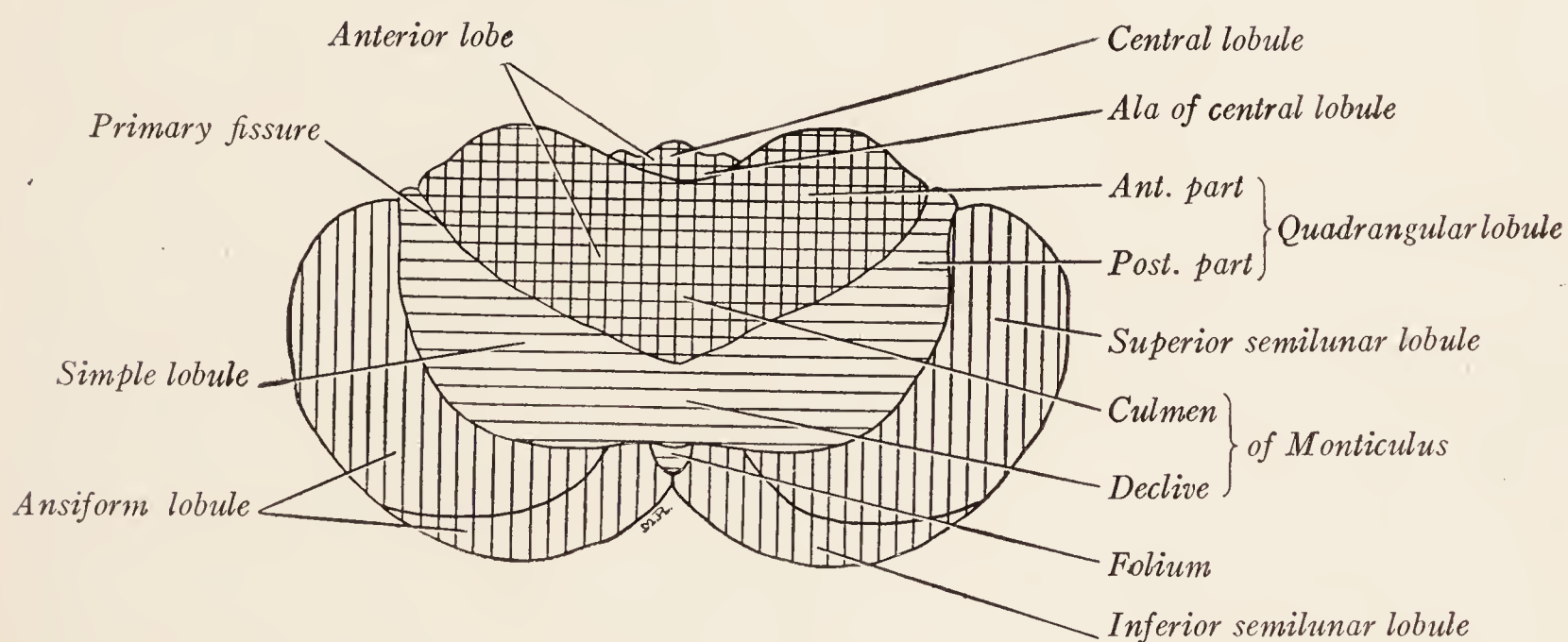


Fig. 154.—Diagram of the dorsal surface of the cerebellum.

The *anterior lobe* includes all that part of the cerebellum that lies on the rostral side of the primary fissure (Figs. 153, 154). In this lobe the folia have a transverse direction and extend without interruption across the vermis into both hemispheres. It includes the three most rostral lobules of the superior vermis,



which are designated in order from before backward, the *lingula*, *lobulus centralis*, and *culmen monticuli* (Fig. 158). In man it also includes a large wing-shaped portion of each hemisphere (the *pars anterior lobuli quadrangularis*); and the entire lobe has the shape of a butterfly (Fig. 154). Morphologically, it is a median unpaired structure.

The *neocerebellar part of the posterior lobe* is subdivided and the most rostral of its four parts is known as the simple lobule. This lobule is separated from the anterior lobe by the primary fissure, and like that lobe it consists of transverse folia which extend across the superior vermis into both hemispheres (Figs. 153, 154). In man the simple lobule forms a broad crescentic band across the superior surface of the cerebellum, including a part of the vermis known as the declive monticuli and a part of each hemisphere (*pars posterior lobuli quadrangularis*). Like the anterior lobe, it is an unpaired structure. The remainder of the neo-

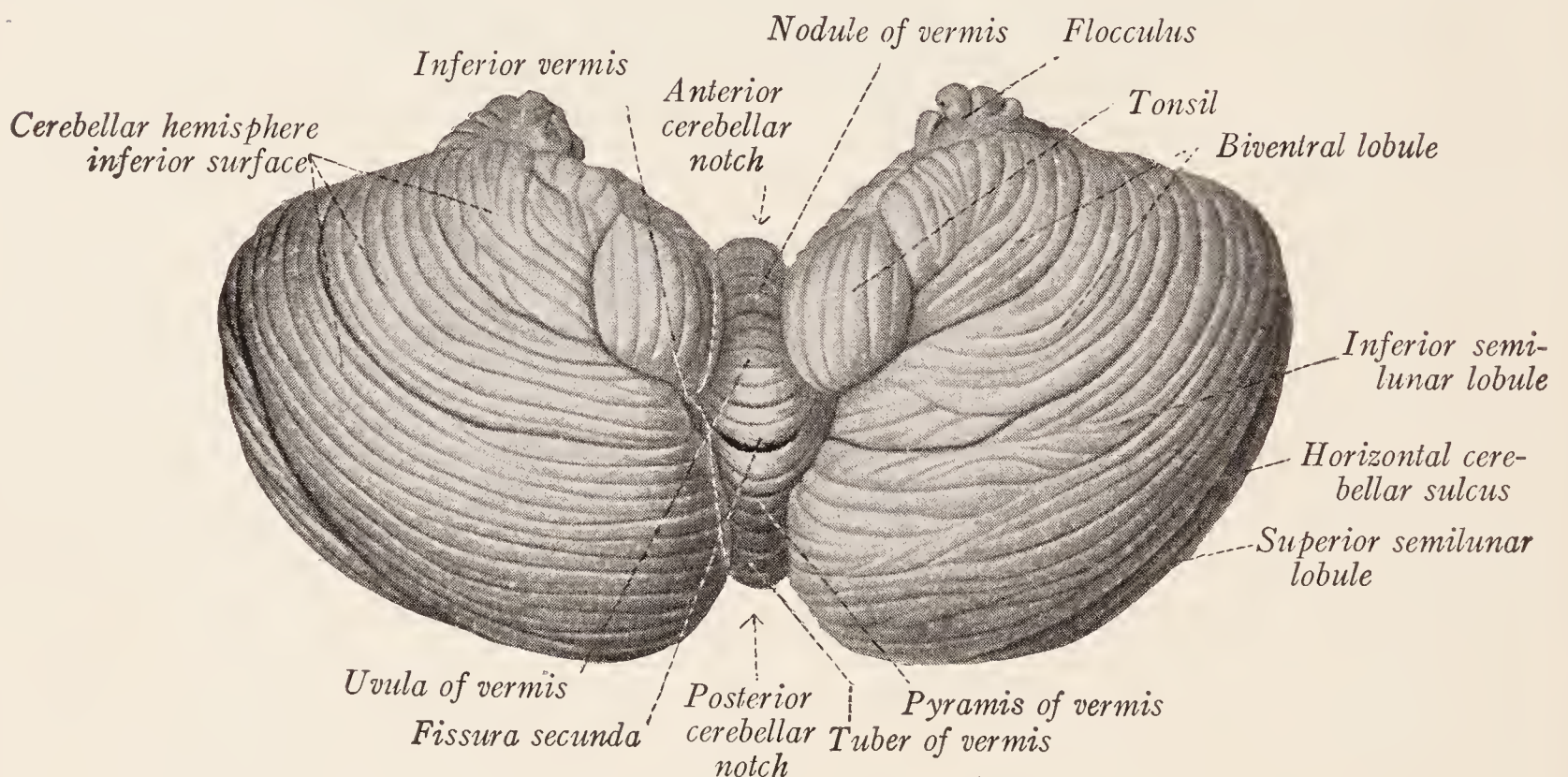


Fig. 155.—Ventral view of the human cerebellum. (Sobotta-McMurrich.)

cerebellar part of the posterior lobe is subdivided into median and paired lateral portions. The median part includes the folium and tuber vermis which may be identified at the occipital extremity of the inferior vermis in man (Figs. 153, 155, 158 *B*). Each of the paired lateral portions consists of two parts, called the ansiform and paramedian lobules. The ansiform lobule, relatively small in most mammals is very large in man, forming more than half of the hemisphere. It is continuous around the posterior border from the superior surface of the hemisphere (where it is known as the superior semilunar lobule) to the inferior surface (inferior semilunar and biventral lobules, Figs. 153–156). The paramedian lobule (tonsil) is displaced on to the caudal surface in man by the great expansion of the lobulus ansiformis.

The *paleocerebellar part of the posterior lobe* is composed of median and lateral portions. The median part includes the uvula and pyramis (Figs. 155–158). The



lateral part is formed on either side by the paraflocculus which is rudimentary in man (Fig. 157).

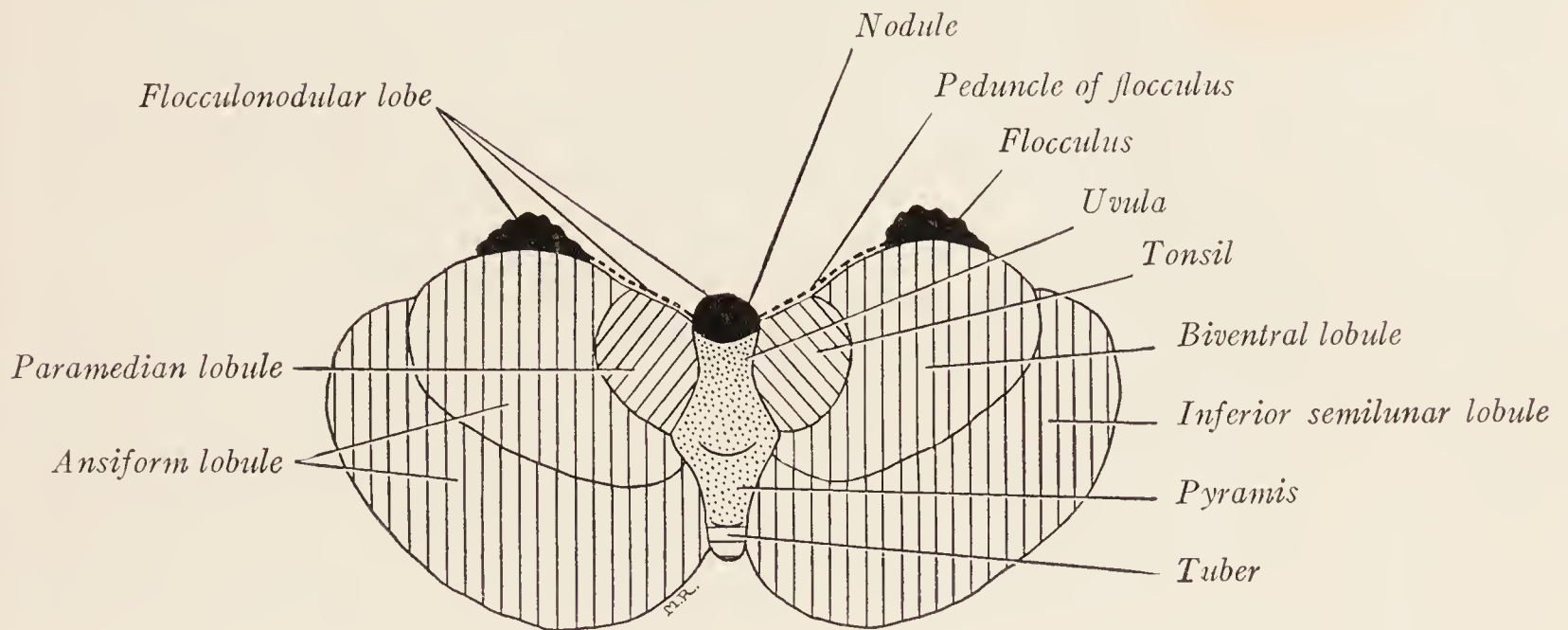


Fig. 156.—Diagram of the ventral surface of the cerebellum.

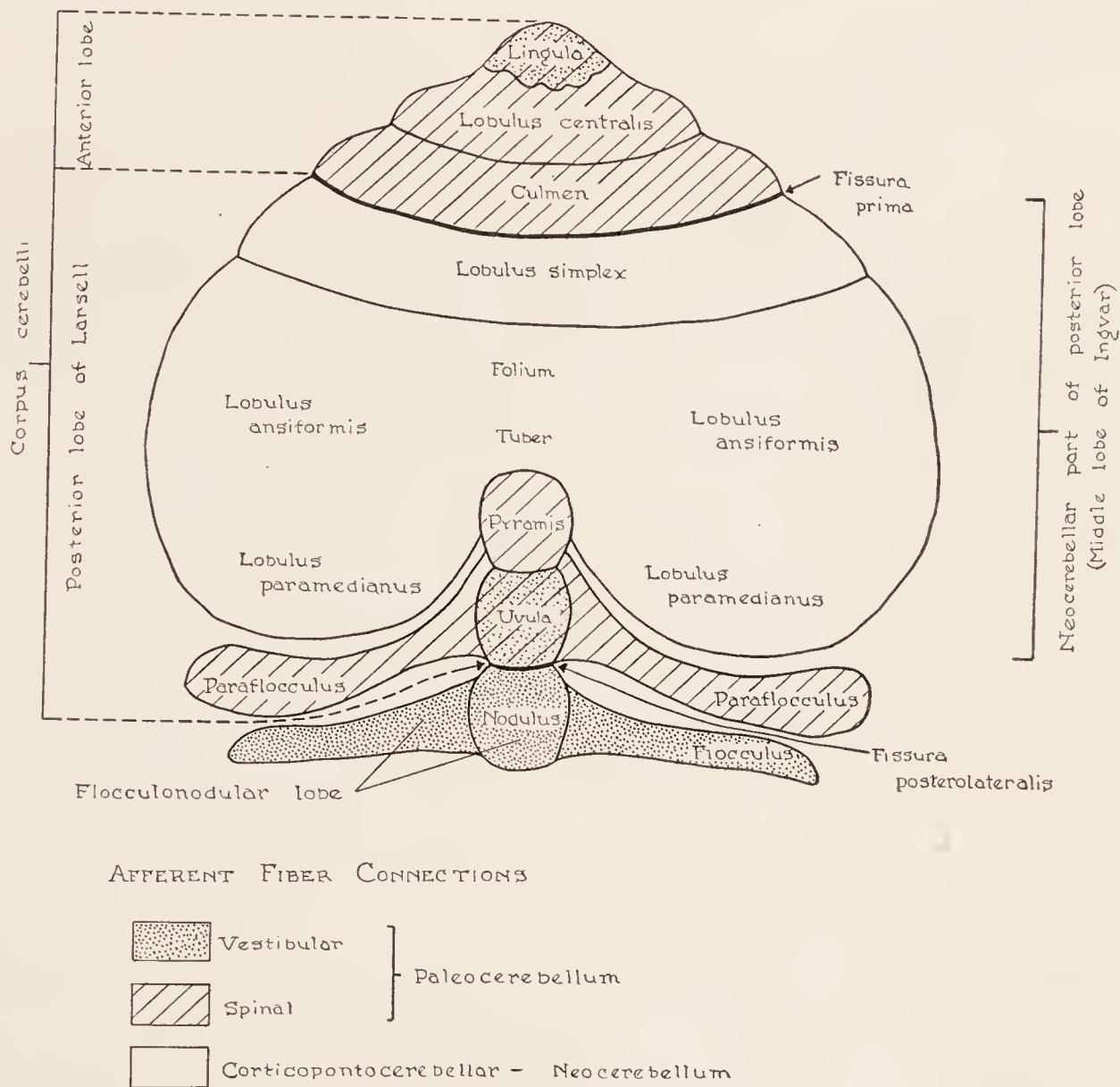


Fig. 157.—Diagram of the cerebellum of the monkey to show the principal divisions and their afferent connections. (Fulton, slightly modified.)

The *flocculonodular lobe* consists of a medial part, the nodule of the vermis, and paired lateral parts known as the flocculi. The latter are small irregular lobules situated on the inferior surface of the hemisphere close to the brachia



pontis. They are connected with the nodule by the peduncle of the flocculus (Figs. 155–157).

It has long been known that the *degree of development of the cerebellar hemispheres* in the different classes of vertebrates is closely correlated with that of the pons and cerebral cortex. This is particularly true of the ansiform and paramedian lobules, which, like the neopallium, are recent phyletic developments. These belong to what Edinger (1911) has called the neocerebellum.

**Structure of the Cerebellum.**—The cerebellum is composed of a thin superficial lamina of gray matter, spread over an irregular white center that contains several separate nuclear masses. This white medullary body forms a compact mass in the interior and is continuous from hemisphere to hemisphere through the vermis, within which, however, it is smaller than in the hemispheres (Fig. 158). As is most readily seen in sagittal sections through the cerebellum, the

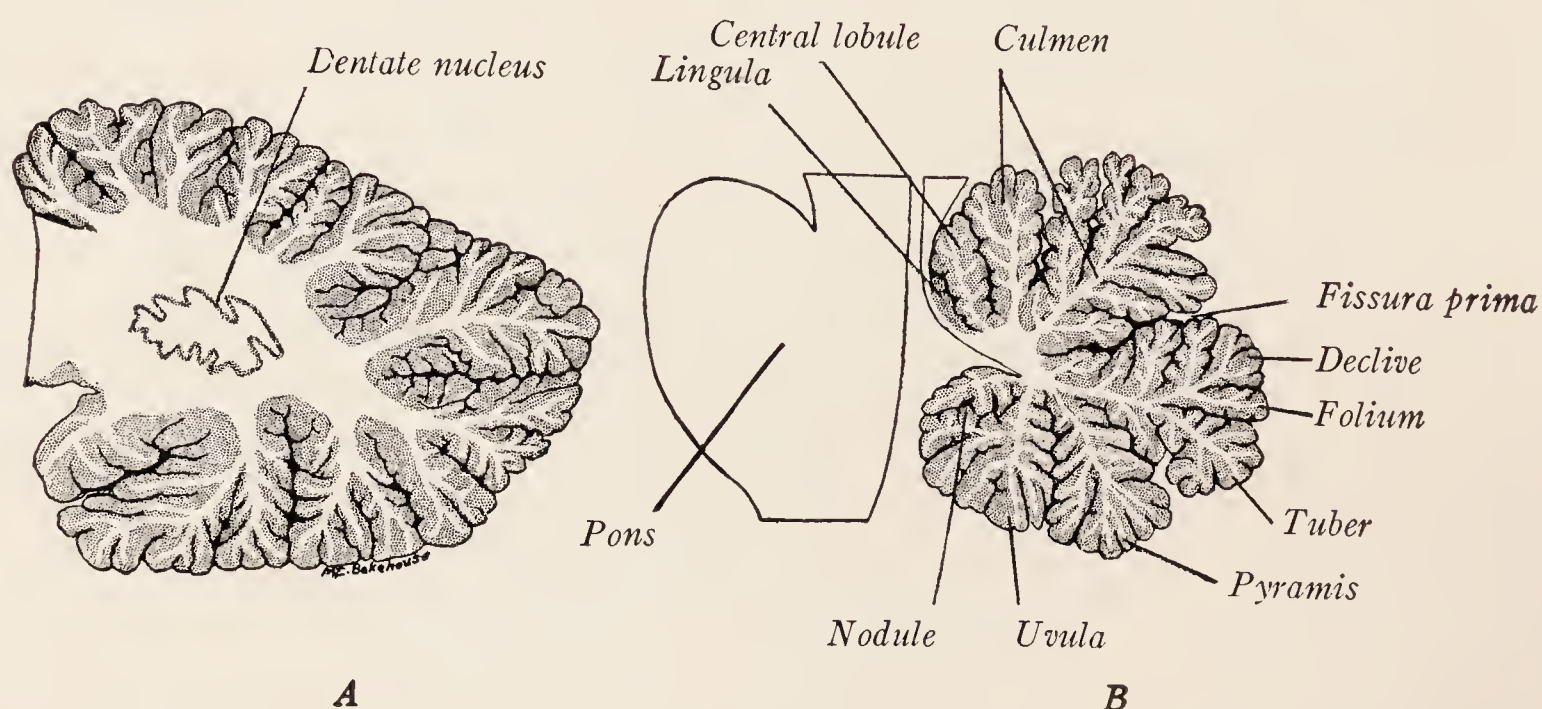


Fig. 158.—Sagittal sections of the human cerebellum: *A*, Passes through the hemisphere and dentate nucleus; *B*, through the vermis in the median plane.

medullary body gives off numerous thick laminae, which project into the lobules of the cerebellum; and from these there are given off secondary and tertiary laminae at various angles. Thus, a very irregular white mass is formed, over the surface of which the much folded cortex is spread in a thin but even layer. Supported by the white laminae, the cortex forms long narrow folds, known as *folia*, which are separated by sulci and which are aggregated into lobules that, in turn, are separated by more or less deep fissures. Sections through the cerebellum at right angles to the long axis of the folia thus present an arborescent appearance to which the name *arbor vitae* has been applied. This is particularly evident in sections through the vermis.

**The Nuclei of the Cerebellum.**—The *dentate nucleus* is a crumpled, purse-like lamina of gray matter within the massive medullary body of each cerebellar hemisphere (Figs. 159, 160). Like the inferior olivary nucleus, which it closely resembles, it has a white center and a medially placed hilus. In close relation



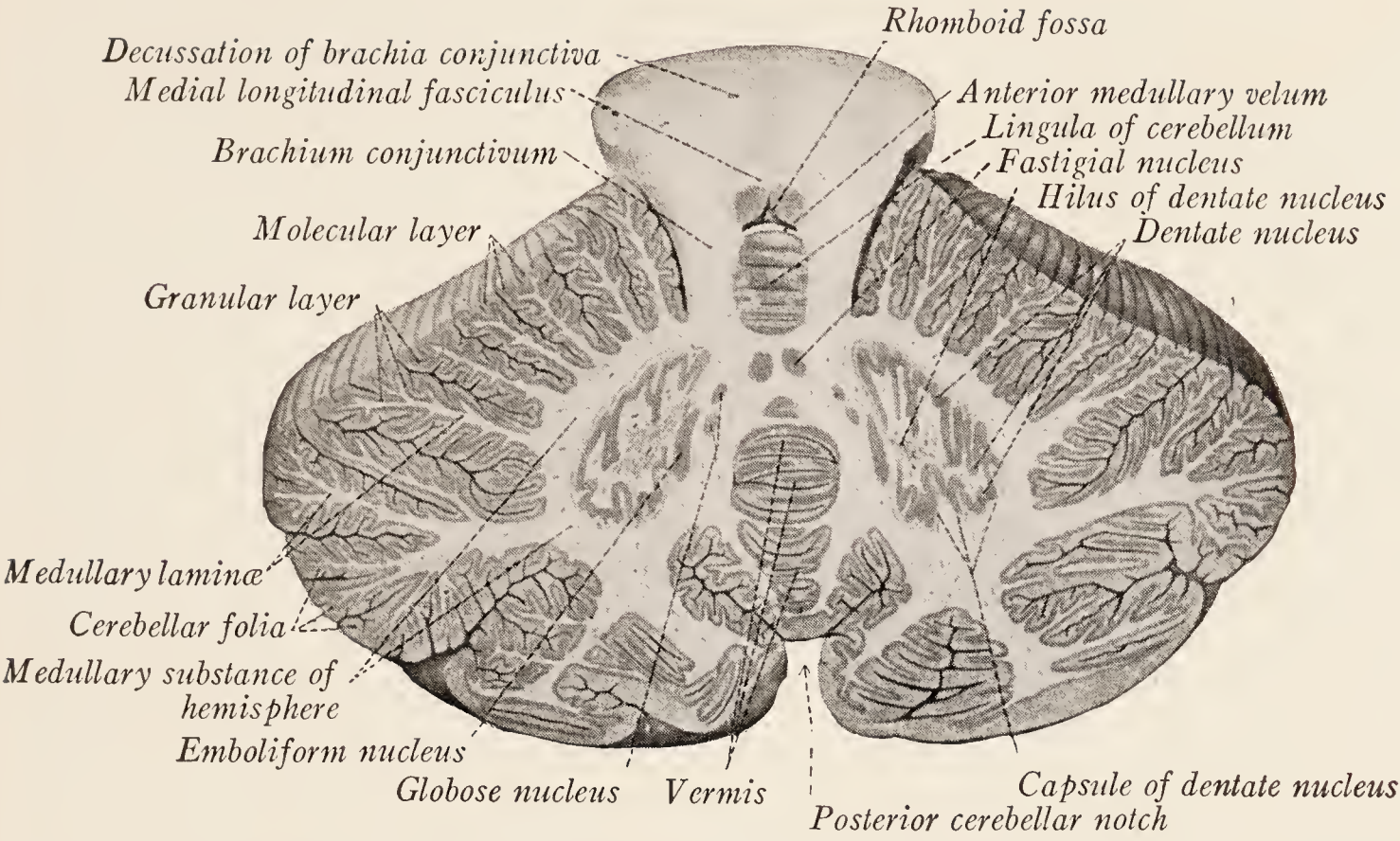


Fig. 159.—The cerebellar nuclei as seen in a section through the cerebellum and brain stem in a plane corresponding to the long axes of the brachia conjunctiva. (Sobotta-McMurrich.)

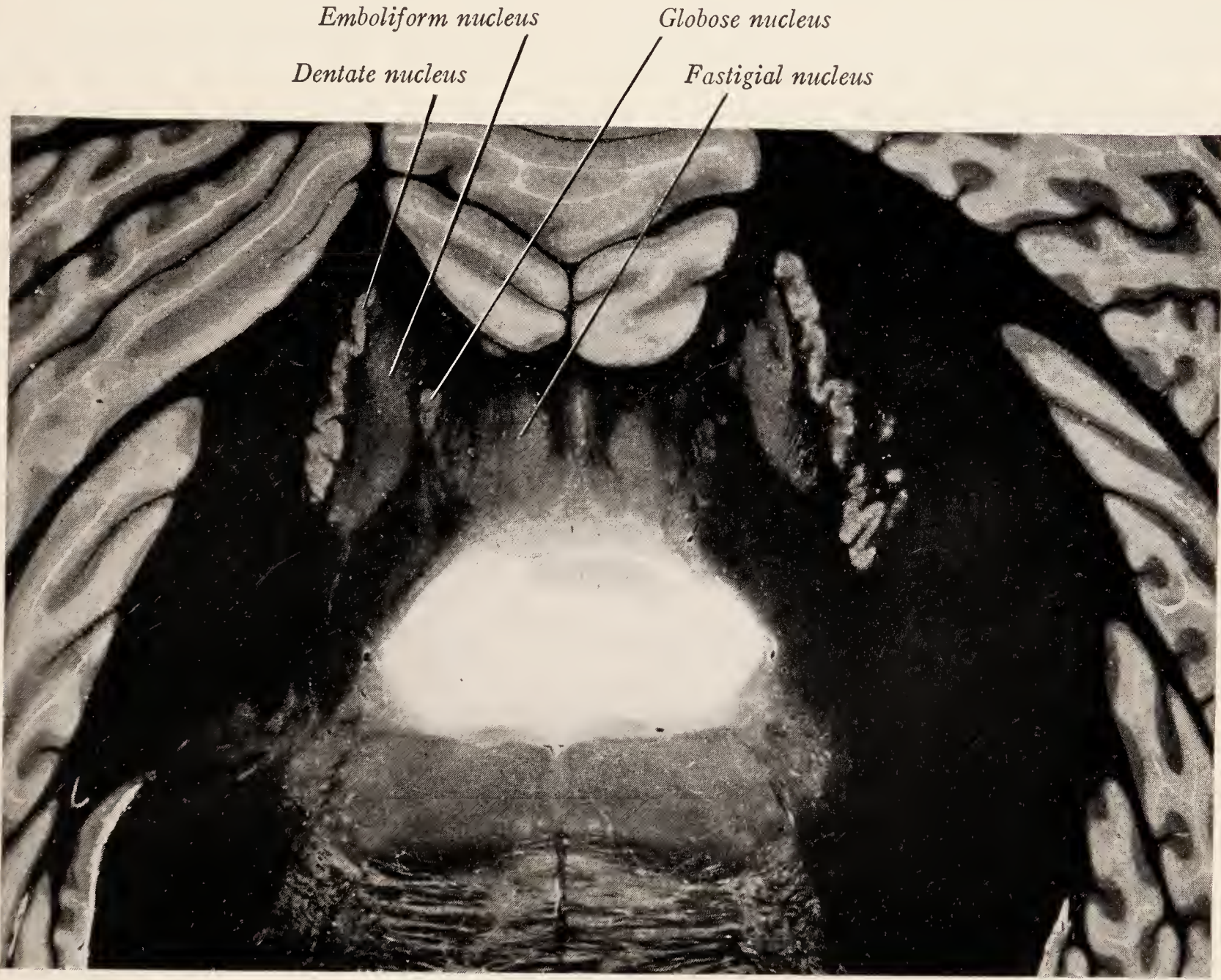


Fig. 160.—The cerebellar nuclei as seen in a transverse section passing through the pons at the level of the motor nucleus of the trigeminal nerve and through the cerebellum rostral to the main mass of the dentate nucleus.



to this hilus lies a plate of gray matter, the *emboliform nucleus*, and medial to this is the small *globose nucleus*. Close to the median plane in the white center of the vermis, where this forms the covering of the fourth ventricle, is the nucleus of the roof or *nucleus fastigii*. The fastigial nuclei like the other cerebellar nuclei are paired. They lie close together, one on either side of the midline.

The *dentate nucleus* receives fibers from the cortex of the neocerebellar part of the posterior lobe and also some fibers from the anterior lobe. From its large multipolar cells fibers arise which run in the brachium conjunctivum to the red nucleus and to the lateral ventral nucleus of the thalamus. The *fastigial nucleus* receives fibers from the paleocerebellum (anterior lobe, pyramis, uvula, paraflocculus, and nodulus), and vestibular nuclei. It gives rise to the fastigiobulbar tract (Fig. 162). The *emboliform nucleus* receives fibers from both the paleocerebellum and the neocerebellum, and sends fibers by way of the brachium conjunctivum to the large-celled portion of the red nucleus. The *globose nucleus* receives fibers from the paleocerebellum and sends fibers by way of the brachium conjunctivum to the large-celled portion of the red nucleus (Fulton, 1938).

**The Cerebellar Peduncles.**—The white core of the cerebellum is formed in part by fibers which run from the cerebellar cortex to the nuclei and in part by fibers which enter and leave the cerebellum through its three peduncles.

The *brachium pontis*, or middle cerebellar peduncle, is formed by the transverse fibers of the pons and carries impulses which come from the cerebral cortex of the opposite side. It enters the cerebellum on the lateral side of the other two peduncles. In man, as might be expected from the large size of the pons and cerebellar hemisphere, the brachium pontis is the largest of the three peduncles (Fig. 101).

The *restiform body* ascends along the lateral border of the fourth ventricle; and at a point just rostral to the lateral recess it makes a sharp turn dorsally to enter the cerebellum between the other two peduncles (Figs. 100, 101). It consists of the following bundles of ascending fibers from the spinal cord and medulla oblongata: (1) the *dorsal spinocerebellar tract*, which arises from the cells of the nucleus dorsalis of the spinal cord and whose termination will be discussed in another paragraph; (2) the *olivocerebellar tract*, which consists of fibers from the opposite inferior olivary nucleus and to a less extent from that of the same side and which ends in the cortex of the vermis and of the hemisphere and in the central nuclei; (3) the *dorsal external arcuate fibers*, from the nuclei of the posterior funiculi of the same side; and (4) the *ventral external arcuate fibers* from the arcuate and lateral reticular nuclei (Fig. 115).

The so-called *medial part of the restiform body* consists of bundles of fibers belonging to the vestibulocerebellar fasciculus, which course along the medial side of that peduncle as it turns dorsally into the cerebellum (Fig. 123). Some are secondary trigeminal fibers from the spinal nucleus of the fifth nerve, but most of them arise from the superior and lateral vestibular nuclei or represent the ascending branches of the fibers of the vestibular nerve.

The *brachium conjunctivum* (Fig. 100) consists of efferent fibers from the dentate, globose, and emboliform nuclei to the red nucleus and the thalamus of the opposite side. It is the smallest and most medial of the three peduncles. The *ventral spinocerebellar tract* enters the cerebellum in company with the brachium conjunctivum. It ascends through the medulla oblongata and pons, curves over the brachium conjunctivum (Fig. 125), and enters the anterior medullary velum, within which it runs to the cerebellum (Fig. 161). A bundle of fibers, the *tecto-cerebellar tract*, arises in the tectum and descends in the anterior medullary velum alongside of the brachium conjunctivum to the cerebellum (Ogawa, 1937).

**Afferent Cerebellar Tracts.**—Fibers from the vestibular nuclei and also direct fibers from the vestibular nerve reach the flocculonodular lobe, uvula, lingula, and the fastigial nuclei (Larsell, 1937; Dow, 1938). All of the fibers from the

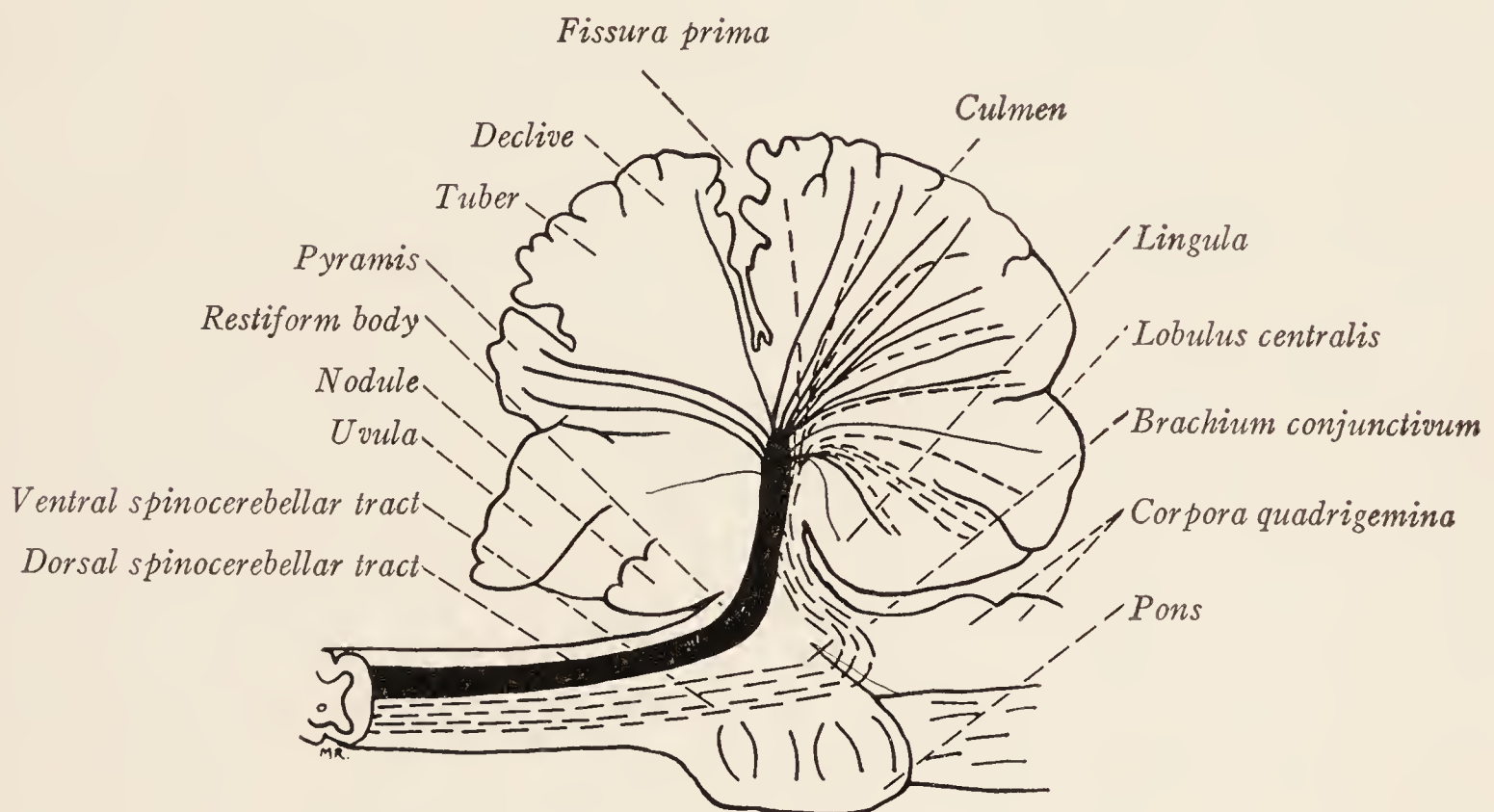


Fig. 161.—Diagram of the spinocerebellar tracts.

ventral spinocerebellar tract go to the anterior lobe and more especially to the lobulus centralis and culmen (Fig. 161). Fibers from the dorsal spinocerebellar tract are distributed to these two parts of the anterior lobe and to the paleocerebellar part of the posterior lobe (pyramis and to a slight extent also to the uvula). Some fibers from this tract also go to the simple lobule and especially to the declive. With the exception of these few fibers the neocerebellar part of the posterior lobe receives no contribution from the spinocerebellar tracts but is under the dominance of the cerebral cortex exerted through the pontocerebellar fibers. Olivocerebellar fibers reach all parts of the cerebellar cortex (Dow, 1939). The olivocerebellar fibers are not distributed at random. On the contrary each part of the olive projects to a specific part of the cerebellar cortex (Brodal, 1940).

The **efferent cerebellar tracts** arise from the central nuclei, except for some



fibers, which come from the cortex of the flocculus, uvula, and nodulus and run to the vestibular nuclei (Dow, 1938).

The *brachium conjunctivum* arises from the *dentate nucleus* and, according to Fulton (1938), also from the globose and emboliform nuclei. It terminates in the red nucleus and thalamus of the opposite side (Figs. 130, 162). It undergoes a complete decussation beneath the inferior colliculus in the tegmentum of the mesencephalon. Some of the fibers of the brachium conjunctivum reach the thalamus, but others end in the red nucleus, whence the impulses which they carry are relayed upward to the thalamus or downward along the rubroreticular and rubrospinal tracts to motor neurons in the brain stem and spinal cord (Fig. 130).

According to Kappers, Huber and Crosby (1936, p. 814) descending fibers are given off by the brachium conjunctivum in two bundles, one just before and the other just after the brachial fibers pass through their decussation. These fibers descend in the reticular formation of the pons and medulla (Fig. 130).

Other *efferent tracts arise in the fastigial nuclei* and after a partial crossing descend in the lateral part of the reticular formation of the pons and medulla

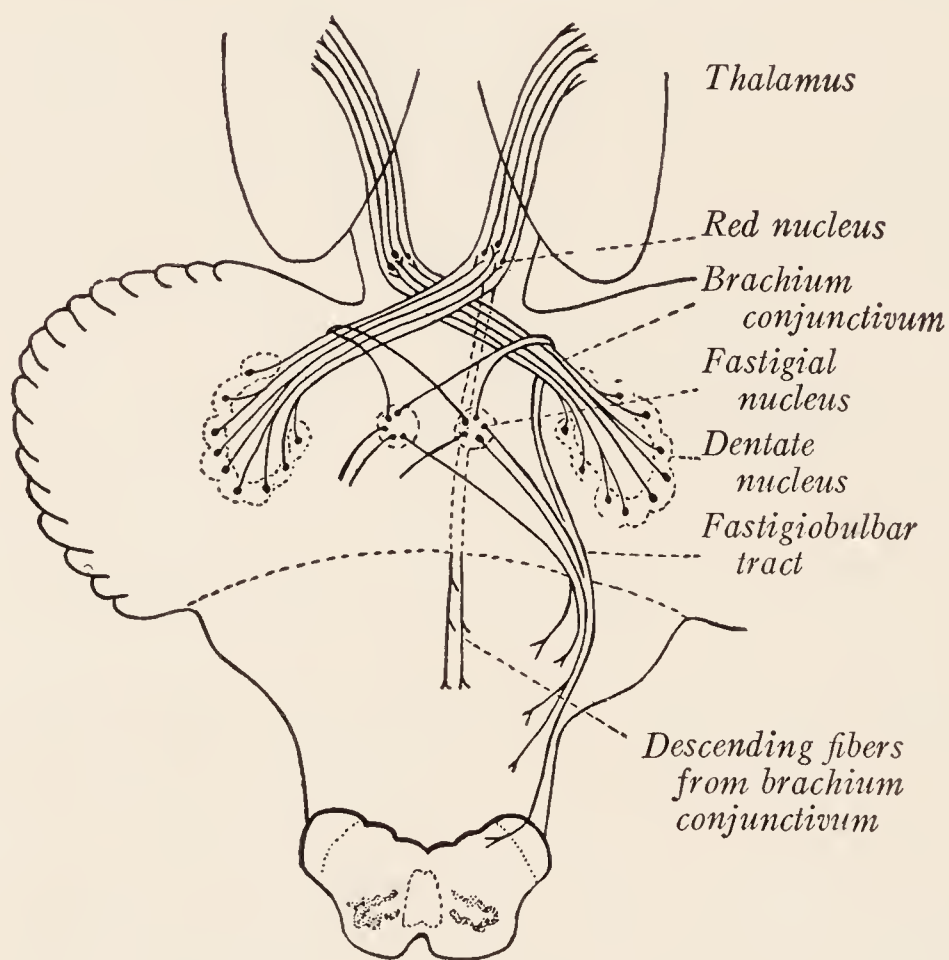


Fig. 162.—Efferent tracts which arise in the central nuclei of the cerebellum.

oblongata. One bundle of these fibers, the uncinat bundle of Russel, winds around the brachium conjunctivum before joining the others (Fig. 162). All of these bundles may be grouped under one name and designated as the *fastigiobulbar tract*. The fibers of this tract are intermingled with those of the vestibulocerebellar fasciculus (Fig. 123). This tract descends close to the medial side of the restiform body and passes through the lateral and descending vestibular

nuclei. The fibers end in these nuclei and in the reticular formation (Allen, 1924; Gray, 1926).

Because of the cortical connections of the dentate and fastigial nuclei from which they arise, the brachium conjunctivum may be regarded as the chief efferent path of the neocerebellum and the fastigiobulbar tract as the chief efferent path of the paleocerebellum. Although the emboliform and globose nuclei receive afferents from paleocerebellar cortex their efferent fibers run with those of the dentate nucleus in the brachium conjunctivum (Fulton, 1938).

### HISTOLOGY OF THE CEREBELLAR CORTEX

The cerebellar cortex differs from that of the cerebral hemispheres in possessing essentially the same structure in all the lobules. This would indicate that it functions in essentially the same way throughout, though as a result of different fiber connections the various lobules may act on different muscle groups.

A section through the cerebellum, taken at right angles to the long axis of the folia, shows each folium to be composed of a central white lamina, covered by a layer of gray cortex. Within the white lamina the nerve-fibers are arranged in parallel bundles extending from the medullary center of the cerebellum into the lobules and folia. A few at a time these bundles turn off obliquely into the gray matter, and there is no sharp demarcation between the cortex and the subjacent white lamina. The cortex presents for examination three well-defined zones: a superficial molecular layer, a layer of Purkinje cells, and a subjacent granular layer.

The **cells of Purkinje** have large flask-shaped bodies and are arranged in an almost continuous sheet, consisting of a single layer of cells and separating the other two cortical zones (Fig. 163). They are more numerous at the summit than at the base of the folium. Each has a pyriform cell body. The part directed toward the surface of the cortex resembles the neck of a flask and from it spring one or two stout dendrites. These run into the molecular layer and extend throughout its entire thickness, branching repeatedly. This branching occurs in a plane at right angles to the long axis of the folium; and it is only in sections, taken in this plane, that the full extent of the branching can be observed. In a plane corresponding to the long axis of the folium the dendrites occupy a more restricted area (Fig. 164). In this respect the dendritic ramifications resemble the branches of a vine on a trellis. From the larger end of the cell, directed away from the surface of the cortex, there arises an axon which almost at once becomes myelinated and runs through the granular layer into the white substance of the cerebellum. These axons end in the central cerebellar nuclei. Near their origin they give off collaterals, which run backward through the molecular layer to end in connection with neighboring Purkinje cells—an arrangement designed to bring about the simultaneous discharge of a whole group of such neurons.

The **granular layer**, situated immediately subjacent to that which we have



just described, is characterized by the presence of great numbers of small neurons, the *granule cells*. Each of these contains a relatively large nucleus, surrounded by a small amount of cytoplasm; and from each there are given off from three to five short *dendritic branches* with claw-like endings. These are synaptically related with the terminal branches of the mossy fibers, soon to be described, and form with them small glomeruli comparable to those of the olfactory bulb (Fig. 165). Each granule cell gives origin to an unmyelinated *axon*, which extends toward the surface of the folium and enters the molecular layer. Here it divides

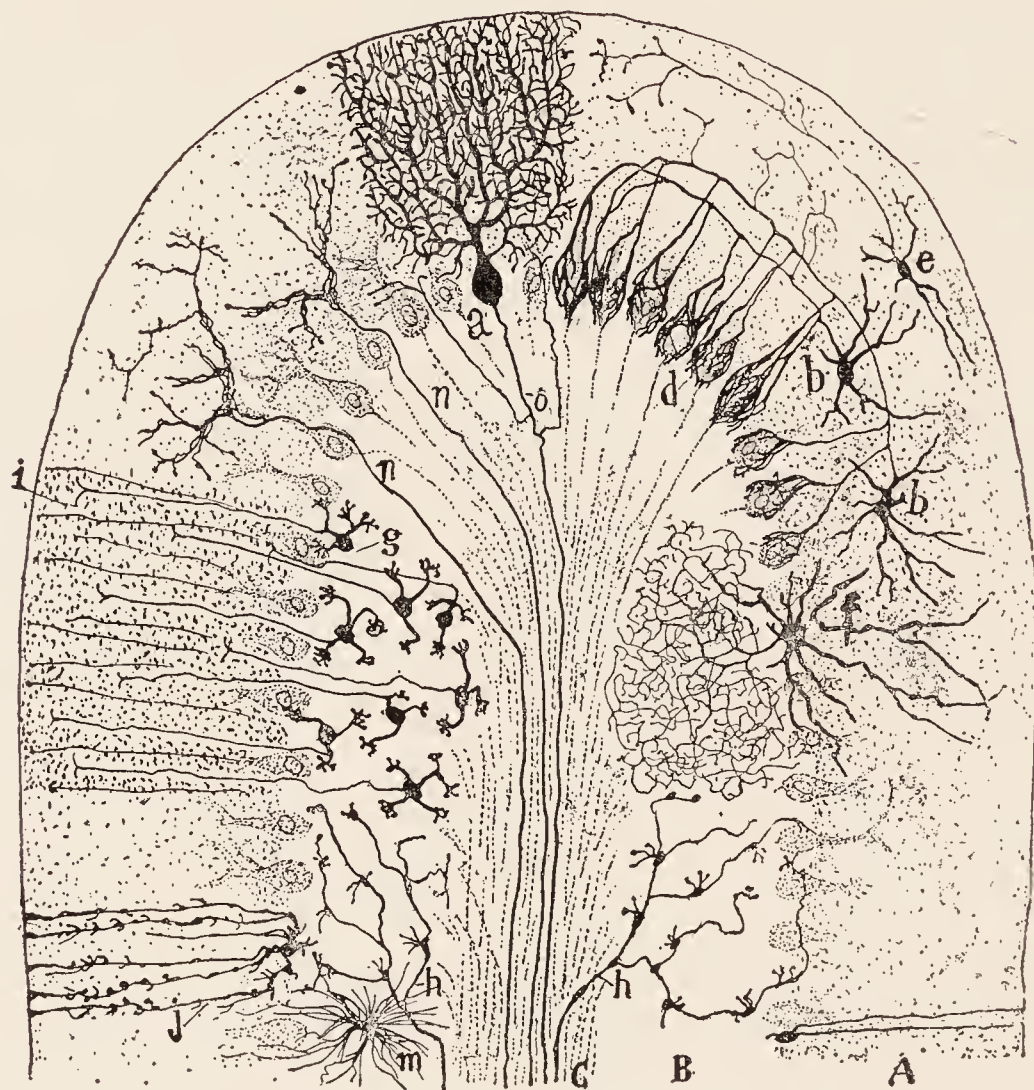


Fig. 163.—Semidiagrammatic transverse section through a folium of the cerebellum. (Golgi method): *A*, Molecular layer; *B*, granular layer; *C*, white matter; *a*, Purkinje cell; *b*, basket cells; *d*, pericellular baskets, surrounding the Purkinje cells and formed by the arborizations of the axons of the basket cells; *e*, superficial stellate cells; *f*, cell of Golgi Type II; *g*, granules, whose axons enter the molecular layer and bifurcate at *i*; *h*, mossy fibers; *j* and *m*, neuroglia; *n*, climbing fibers. (Cajal.)

in the manner of a **T** into two branches. These run parallel to the long axis of the folium through layer after layer of the dendritic expansions of the Purkinje cells, with which they doubtless establish synaptic relations (Fig. 164). Besides the granules just described, this layer contains some large cells of Golgi's Type II (Fig. 163, *f*). Most of these are placed near the line of Purkinje cells and send their dendrites into the molecular layer, while their short axons resolve themselves into plexuses of fine branches in the granular zone.

The **molecular layer** contains few nerve-cells and has in transverse sections a finely punctate appearance. It is composed in large part of the dendritic



ramifications of the Purkinje cells and the branches of axons from the granule cells (Fig. 163). It contains a relatively small number of stellate neurons, the more superficial of which possess short axons and belong to Golgi's Type II. Those more deeply situated have a highly specialized form and are known as *basket cells*. From each of these there arises, in addition to several stout branching dendrites, a single characteristic axon, which runs through the molecular layer in a plane at right angles to the long axis of the folium (Fig. 164). These axons are at first very fine, but soon become coarse and irregular, giving off numerous collaterals which are directed away from the surface of the cortex. These collaterals and the terminal branches of the axons run toward the Purkinje cells, about which their terminal arborizations form basket-like networks (Fig. 28).

**Nerve-fibers.**—The axons of the Purkinje cells form a considerable volume of fibers directed away from the cortex. There are also two kinds of afferent fibers which enter the cortex from the white center, and are known as *climbing*

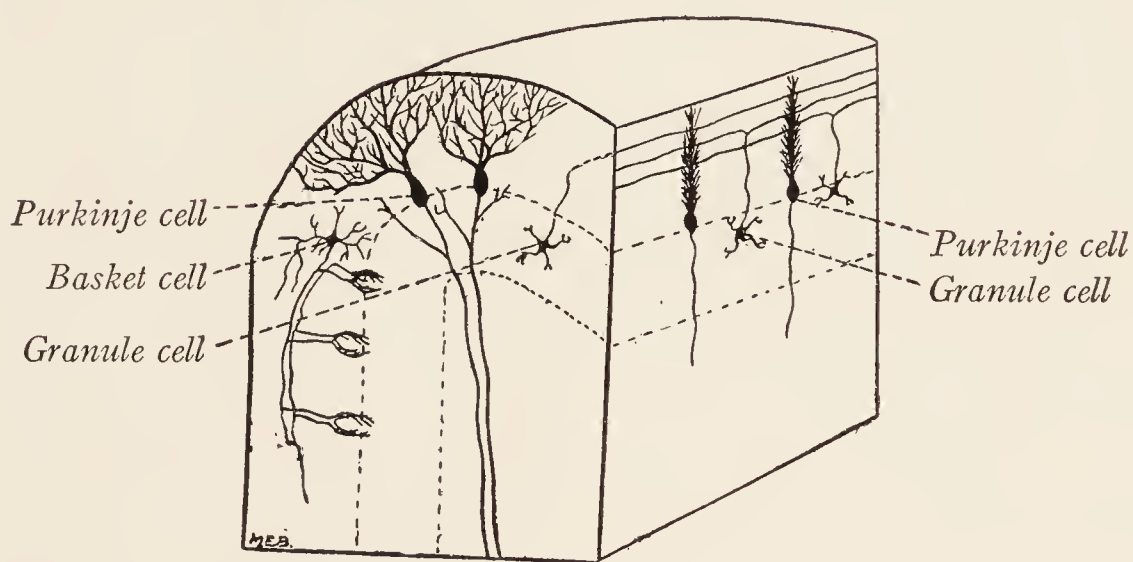


Fig. 164.—Diagrammatic representation of the structure of the cerebellar cortex as seen in a section along the axis of the folium (on the right), and in a section at right angles to the axis of the folium (on the left).

and *mossy fibers* respectively. The latter are very coarse and give off numerous branches ending within the granular layer. The terminal branches are provided with characteristic moss-like appendages. These mossy tufts are intimately related to the claw-like dendritic ramifications of the granule cells (Fig. 165). The *climbing fibers*, somewhat finer than those of the preceding group, pass through the molecular layer and become associated with the dendrites of the Purkinje cells in the manner of a climbing vine. Branching repeatedly, they follow closely the dendritic ramifications of these neurons and terminate in free varicose endings.

It would seem reasonable to suppose that the two kinds of *afferent fibers*, just described, have a separate origin and functional significance. According to Cajal (1911) it is probable that those entering the cerebellum through the brachium pontis are distributed as climbing fibers, and those from the restiform body as mossy fibers. Vestibular fibers are thought to be of the climbing variety (Kappers, Huber and Crosby, 1936). The accompanying diagram represents



the probable course of impulses through the cerebellum (Fig. 165). The *mossy fibers* transfer their impulses to the granule cells; and these, in turn, relay them, either directly or through the basket neurons, to the Purkinje cells. The *climbing fibers* transfer their impulses directly to the dendrites of the Purkinje cells. The *efferent path* may be said to begin with the Purkinje cells, whose axons terminate in the central cerebellar nuclei. From these nuclei, especially the dentate, arise the fibers of the brachium conjunctivum, the great efferent tract from the cerebellum. By means of the axons of the granule cells, basket cells, and neurons

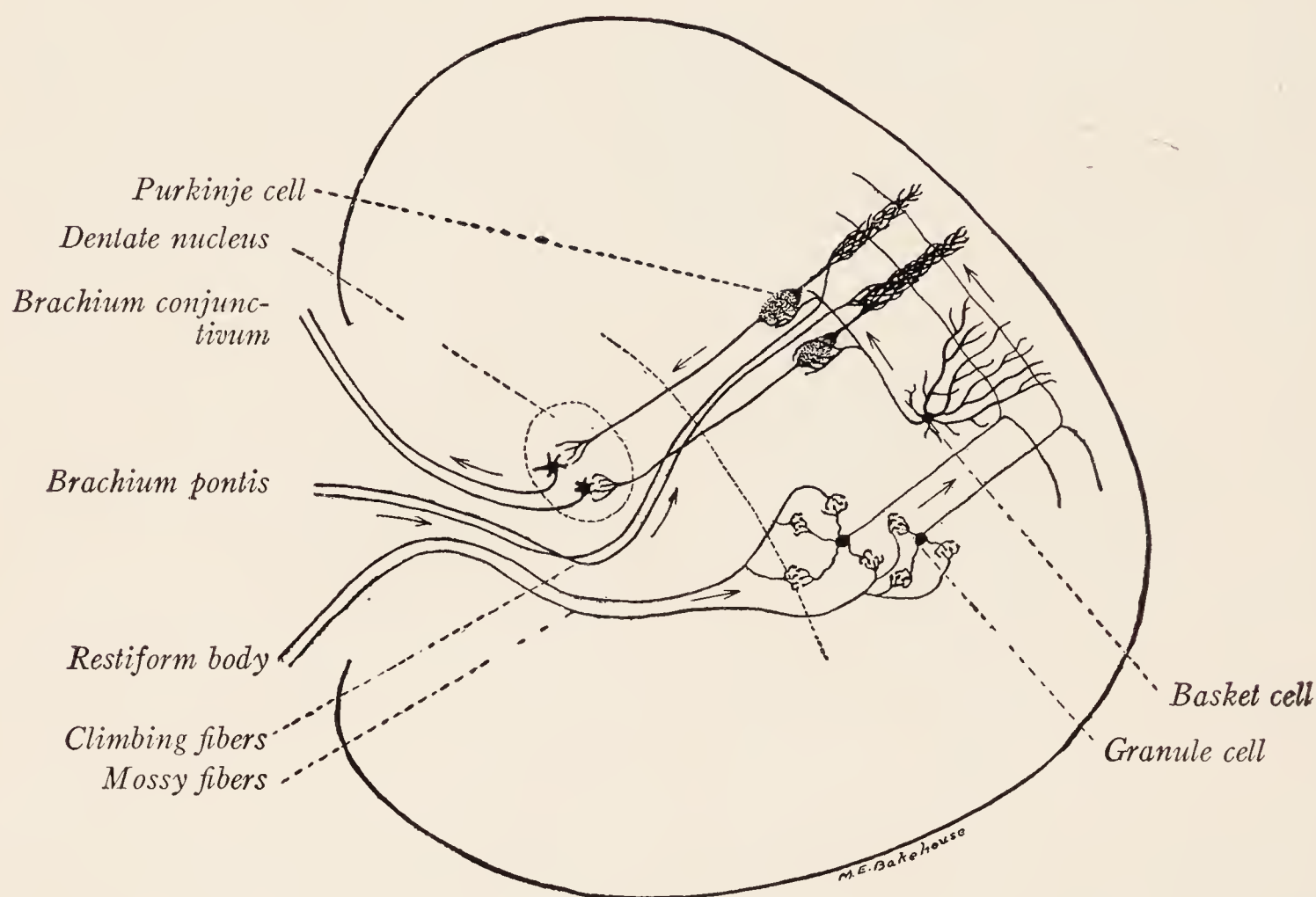


Fig. 165.—Diagram to illustrate the probable lines of conduction through the cerebellum. In this diagram the planes of orientation of the histological elements have been ignored.

of Golgi's Type II, as well as by the collaterals from the axons of the Purkinje cells, an incoming impulse may be diffused through the cortex.

### FUNCTION OF THE CEREBELLUM

Although the cerebellum receives fibers from many somatic sensory centers, and especially from those of the proprioceptive group, it is not concerned with sensation; and extensive injuries to the cerebellum do not cause any sensory loss.

Stimulation of the *anterior lobe* inhibits extensor tonus in normal and decerebrate animals. Ablation of the anterior lobe causes increased extensor tonus and exaggerated postural reflexes in animals, but no satisfactory observations have been made in man.

The *flocculonodular lobe* is often involved by cerebellar tumors in children. As might be expected because of the vestibular connections of this lobe a child

with such a tumor shows a disturbance of equilibrium and is unsteady on his feet. When in bed the patient may show no incoördination in movements of the arms or legs and little if any tremor. These observations indicate that the flocculonodular lobe is specifically concerned with the maintenance of equilibrium.

The *neocerebellar part of the posterior lobe* receives impulses from the cerebral cortex by way of the corticopontocerebellar path. None of the pontocerebellar fibers terminate elsewhere and it is therefore safe to assume that the cerebral cortex is closely associated in function with this part of the cerebellum. The neocerebellum plays an important part in the coördination of muscular activity, especially that of the arms and legs. It is not concerned with the initiation of movement, but while movement is in progress its execution is regulated by the cerebellum and synergy maintained. *Synergy* means coöperation in action, as when several muscles function together in the production of a complex act, each muscle contracting at the right time and to the proper extent. Lack of synergy results in incoördination. In a patient with a neocerebellar lesion movements are jerky and intermittent (ataxia) and overshoot the mark (dysmetria). If the patient tries to hold the elbow flexed while traction is being made at the wrist, the release of the wrist may result in sudden uncontrolled flexion at the elbow so that the hand may strike the face (rebound phenomenon). Movements may not take place in quite the right direction (spontaneous deviation or past-pointing). There may be difficulty in performing rapidly alternating movements such as repeated pronation and supination of both outstretched hands in unison (adiadochokinesis). An act which normally involves simultaneous movements at several joints may be dissected so that movement occurs first at one joint and then at another (decomposition of movement).

The symptoms resulting from damage to the neocerebellum in man include hypotonia and tremor. *Hypotonia* is evidenced by a diminished resistance to passive movement and by a wider than normal excursion of the distal segments of a hypotonic limb when the proximal segment is shaken. The *tremor* resulting from cerebellar lesions increases toward the end of a given movement and is associated with difficulty in stopping the movement at the proper point. The oscillations are coarser than those in multiple sclerosis. Fulton (1938) believes that an enduring pronounced tremor does not result from pure lesions of the cerebellar cortex but indicates an involvement of the nuclei.

There is some evidence for separate representation of the parts of the body within the neocerebellum: centers for the muscles of the neck in the simple lobule, for the ipsilateral arm in the crus primum of the ansiform lobe (superior and inferior semilunar lobules), and for the ipsilateral leg in the crus secundum (biventral lobule) and in the paramedian lobule (tonsil, Van Rijnberk, 1931). This localization is, however, not generally accepted. Holmes (1917) could find no evidence of it in man. According to Botterell and Fulton (1938), experiments on monkeys and chimpanzees offer no evidence for the functional localization of individual muscles or limbs within discrete areas of the cerebellum. They found



that unilateral ablation, restricted to the cortex, caused homolateral awkwardness, hypotonia, and disturbances of gait, the effects being equally marked in the upper and lower extremities. When the dentate nuclei were involved these symptoms were associated with tremor during voluntary movement.

*Nystagmus* is a more prominent symptom of cerebellar lesions in man than in animals. It occurs in patients with lesions in any part of the cerebellum except the posterior midline structures.

## CHAPTER XV

### THE DIENCEPHALON AND THE VISUAL APPARATUS

**Development.**—In an earlier chapter we traced briefly the development of the prosencephalon and showed that the cerebral hemispheres were developed through the evagination of the lateral walls of the telencephalon (Fig. 15). It is, however, only the alar lamina which is involved in this evagination. It has been shown that the basal lamina and sulcus limitans do not extend into the prosencephalon, which is formed entirely from the alar plates (Schulte and Tilney, 1915; Kingsbury, 1922). The floor of the neural tube in this region is formed by the union of these plates across the median plane. Through the excessive growth of the hemisphere the diencephalon becomes covered from view (Fig. 16), and appears to occupy a central position in the adult human brain. It is separated from the hemisphere by the *transverse cerebral fissure*, which is formed by the folding back of the hemisphere over the diencephalon. The roof of the prosencephalon remains thin and constitutes the epithelial roof of the third ventricle, which along the median plane becomes invaginated into the ventricle as the covering of a vascular network to form the chorioid plexus.

There is but one pair of nerves associated with the diencephalon, and these, the optic nerves, are not true nerves, but fiber tracts joining the retinae with the brain. It will be remembered that the retina develops as an evagination of the lateral wall of the prosencephalon in the form of a vesicle whose cavity is continuous with that of the forebrain. By a folding of its walls in the reverse direction, *i. e.*, by invagination, the *optic vesicle* becomes transformed into the *optic cup* (Fig. 14); and the cavity of the vesicle becomes reduced to a mere slit between the two layers forming the wall of the cup. The inner of these two layers develops into the nervous portion of the retina; and nerve-fibers arising in it grow back to the brain along the course of the *optic stalk*, which still connects the optic cup with the forebrain. This mode of development serves to explain why the structure of the retina resembles that of the brain more than it does that of other sense organs, and why the optic nerve-fibers, like those of the fiber tracts of the central nervous system, are devoid of neurilemma sheaths.

The *diencephalon* which encloses the third ventricle is composed of the following parts: (1) epithalamus, (2) thalamus, including the geniculate bodies, (3) subthalamus or ventral thalamus, and (4) hypothalamus.

#### THE THIRD VENTRICLE

Since the third ventricle is chiefly surrounded by structures belonging to the diencephalon, it will be convenient to consider it at this point and to give at the



same time an account of the *parts of the telencephalon* which help to form its walls. These include the lamina terminalis and anterior commissure (Fig. 166). The *lamina terminalis* is a thin plate joining the two hemispheres, which stretches from the optic chiasma in a dorsal direction to the anterior commissure. Here it becomes continuous with the thin edge of the rostrum of the corpus callosum, known as the *rostral lamina*. The *anterior commissure* is a bundle of fibers which crosses the median plane in the lamina terminalis and serves to connect certain parts of the two cerebral hemispheres, which are associated with the olfactory nerves. The anterior commissure and the lamina terminalis form the *rostral*

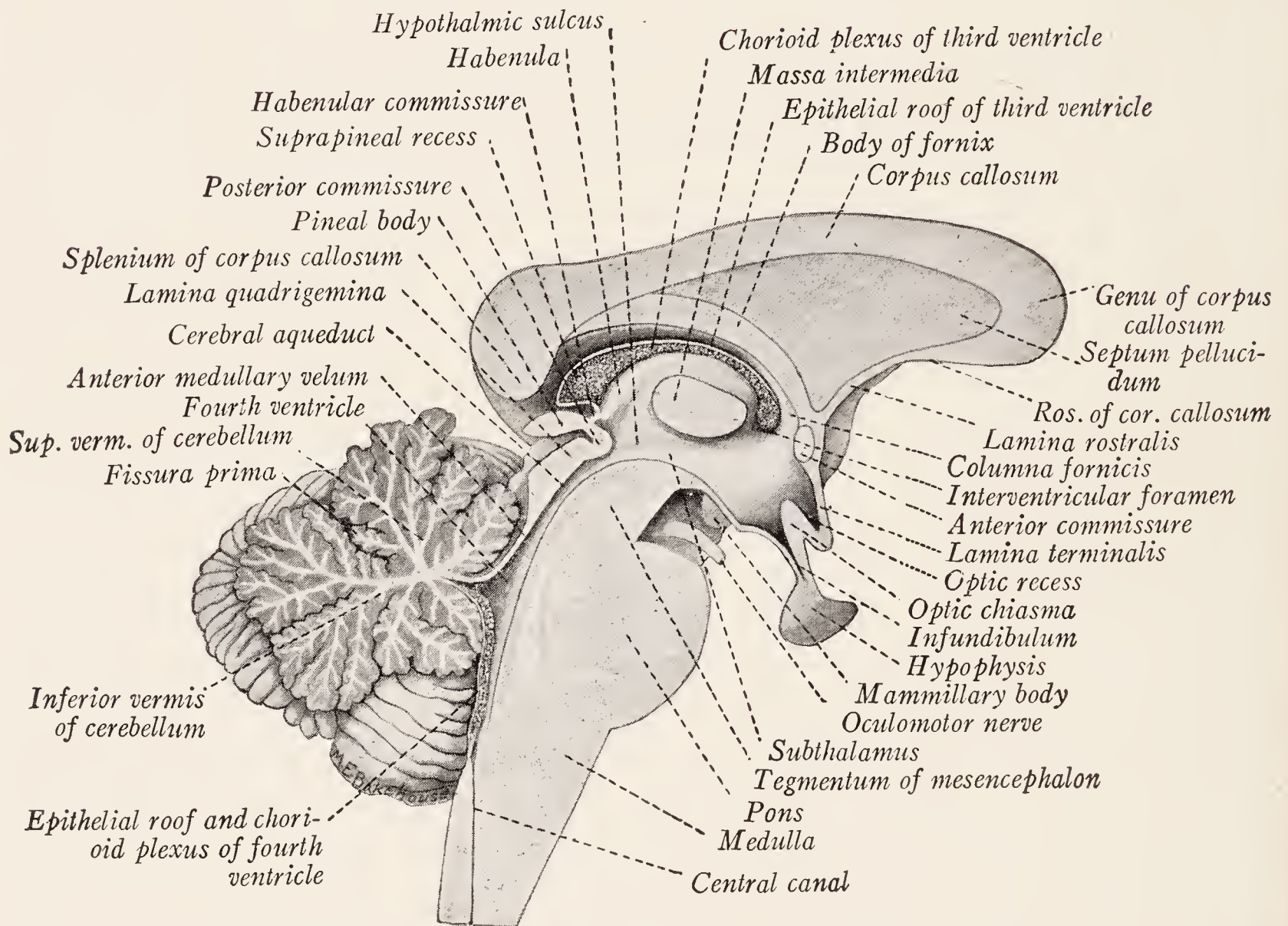


Fig. 166.—Median sagittal section through the human brain stem.

*boundary* of the third ventricle, and between the latter and the optic chiasma is a diverticulum, known as the optic recess.

The *third ventricle* is a narrow vertical cleft, the *lateral walls* of which are formed for the greater part by the medial surfaces of the two thalami. Ventral to the massa intermedia is seen a groove known as the *hypothalamic sulcus*, which if followed rostrally leads to the interventricular foramen, while in the other direction it can be traced to the cerebral aqueduct. Below this groove the lateral wall and floor of the ventricle are formed by the subthalamus and hypothalamus.

In the *floor* of the ventricle there may be enumerated the following structures, beginning at the rostral end: the optic chiasma, infundibulum, tuber cinereum, mammillary bodies, and the subthalamus.



The *roof* of the third ventricle is formed by the thin layer of *ependyma*, which is stretched between the *striæ medullares thalami* of the two sides (Figs. 166, 168). Upon the outer surface of this ependymal roof is a fold of pia mater in the transverse fissure. This is known as the *tela chorioidea*; and from it delicate vascular folds are invaginated into the ventricle, carrying a layer of ependyma before them by which they are, in reality, excluded from the cavity. These folds are the *chorioid plexuses* (Fig. 168). There are two of them extending side by side from the interventricular foramina to the caudal extremity of the roof. Here they extend into an evagination of the roof above the pineal body, known as the suprapineal recess.

There are three openings into the third ventricle. The aqueduct of the cerebrum opens into it at the caudal end; while at the opposite extremity it communicates with the lateral ventricles through the two interventricular foramina.

### THE THALAMUS

The thalamus is a large ovoid mass, consisting chiefly of gray matter, placed obliquely across the rostral end of the cerebral peduncle (Figs. 167, 168). Between the two thalami a deep median cleft is formed by the third ventricle. The *rostral or anterior end* is small and lies close to the median plane. It projects slightly above the rest of the dorsal surface, forming the *anterior tubercle* of the thalamus, and helps to bound the interventricular foramen (Fig. 166). The *caudal or posterior extremity* is larger and is separated from its fellow by a wide interval, in which the corpora quadrigemina appear. It forms a marked projection, the *pulvinar*, which overhangs the medial geniculate body and the brachia of the corpora quadrigemina. For purposes of description it is convenient to recognize four thalamic surfaces, namely, dorsal, ventral, medial, and lateral.

The **dorsal surface** of the thalamus is free and directed upward (Fig. 167). It forms the floor of the transverse fissure of the cerebrum and is separated by this fissure from the parts of the cerebral hemisphere which overlie it, that is, from the fornix and corpus callosum. *Laterally* it is bounded by a groove which separates it from the caudate nucleus and contains a strand of longitudinal fibers, the *stria terminalis* and a vein, the *vena terminalis* (Figs. 167, 168). The dorsal surface is separated from the medial by a sharp ridge, the *tænia thalami*, which represents the torn edge of the ependymal roof of the third ventricle. The *tæniæ* of the two sides meet on the stalk of the pineal body. The prominence of this torn edge of the roof is increased by a longitudinal bundle of fibers, the *stria medullaris thalami*. This fascicle, together with the closely related habenular trigone and the pineal body, belong to the epithalamus and will be described later.

The *dorsal surface* of the thalamus is slightly convex and is divided by a faint groove into two parts: a lateral area, covered by the *lamina affixa* and forming a part of the floor of the lateral ventricle; and a larger medial area, which forms the floor of the transverse fissure of the cerebrum. The oblique groove separat-



ing these two areas corresponds to the lateral border of the fornix (Figs. 167, 168). The lamina affixa is part of the ependymal lining of the lateral ventricle superimposed upon this part of the thalamus. The transverse fissure intervenes between the thalamus and the cerebral hemisphere (Fig. 168). It contains a fold of pia mater, known as the *tela chorioidea*, of the third ventricle (Figs. 98, 206).

The **medial surface** of the thalamus forms the lateral wall of the third ventricle (Fig. 166). It is covered by the ependymal lining of that cavity. The medial surfaces of the two thalami are closely approximated, being separated from

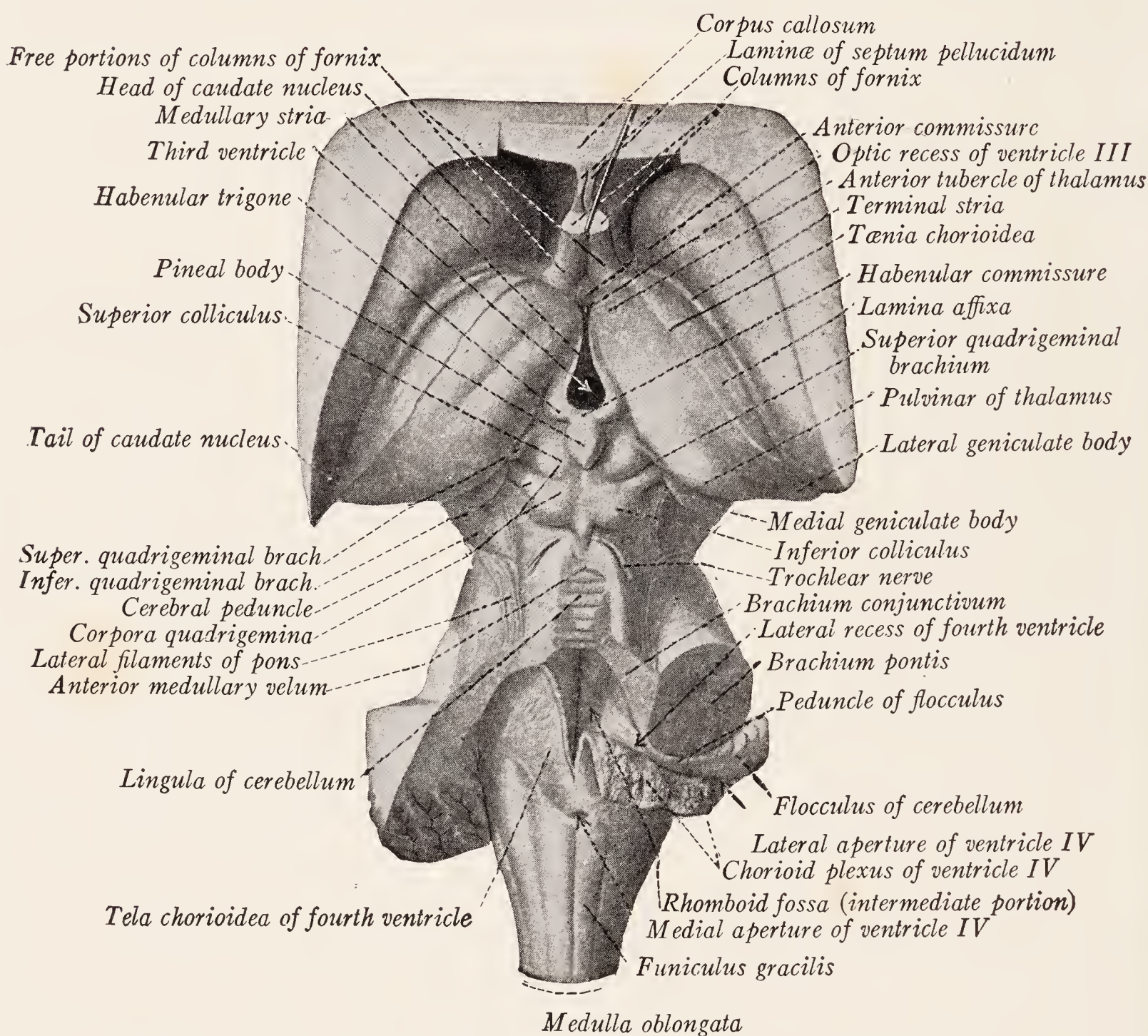


Fig. 167.—Dorsal view of the human brain stem. (Sobotta-McMurrich.)

each other by the cleft-like space of the third ventricle, and are united across the median plane by a short bar of gray substance, the *massa intermedia*.

Occasionally, but not very often, an additional small band of gray matter stretches across the third ventricle from one wall to the other. It is situated ventral to the *massa intermedia* (Vonderahe, 1937).

The **lateral surface** is hidden from view. It lies against the broad band of fibers, known as the internal capsule, which connects the cerebral hemispheres



with the lower levels of the central nervous system. This surface is best examined in sections through the entire cerebrum (Figs. 168, 173, 174). Many fibers stream out of the thalamus through its lateral surface and enter the internal capsule, through which they reach the cerebral cortex. To this important stream of fibers the name *thalamic radiation* is applied.

The **ventral surface** of the thalamus is directed downward and lies on the subthalamus and the tegmentum of the mesencephalon (Figs. 168, 173, 174). Many fibers, representing such ascending tegmental paths as the medial lemniscus, spinothalamic tract, and brachium conjunctivum, enter the thalamus through this surface. A part of this ventral surface is formed by the medial and

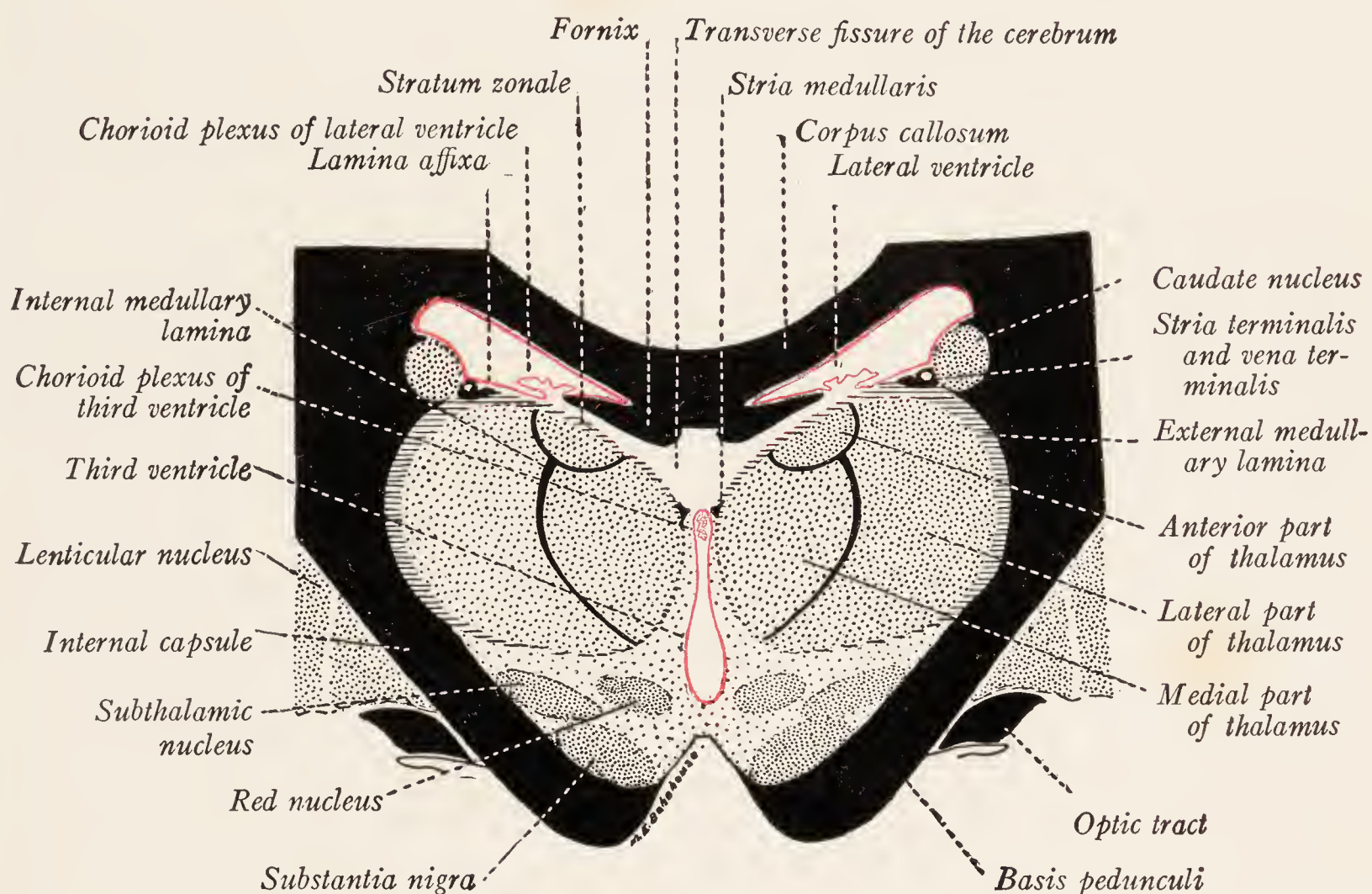


Fig. 168.—Diagrammatic frontal section through the human thalamus and the structures which immediately surround it.

lateral geniculate bodies. They lie lateral to the rostral end of the mesencephalon (Fig. 377).

**Structure of the Thalamus.**—The thalamus consists chiefly of gray matter, within which there may be recognized a number of nuclear masses. Its dorsal surface is covered by a thin layer of white matter which has been called the *stratum zonale*. On the lateral surface next the internal capsule there are many myelinated fibers, which constitute the *external medullary lamina* (Figs. 168, 335). The medial surface is covered by a layer of *central gray matter*, continuous with that which lines the cerebral aqueduct, and forms part of the lateral wall of the third ventricle.

From the stratum zonale, which clothes its dorsal surface, there penetrates



into the thalamus a vertical plate of white matter, the *internal medullary lamina*, which separates the thalamus into medial and lateral parts. At the rostral extremity of its dorsal border the internal medullary lamina bifurcates to partly surround the anterior part of the thalamus. This part projects somewhat above the general level of the dorsal thalamic surface forming the anterior tubercle.

The nuclei of the thalamus have been classified by Walker (1938) into five groups: (1) The *anterior thalamic nuclei* occupy the anterior part of the thalamus and are separated from the remainder of the thalamus by the diverging limbs of the internal medullary lamina. (2) The *nuclei of the midline* are clusters of cells situated close to the wall of the third ventricle or in the massa intermedia. (3) The *medial nuclei* lie between those of the preceding group and the internal medullary lamina, and some of them infiltrate this lamina. (4) The *lateral nuclear mass* lies lateral to the internal medullary lamina and anterior to the pulvinar. (5) The *posterior nuclei* of which the pulvinar is the most important lie behind the lateral nuclear mass. It will thus be apparent that the anterior nuclei lie in what has been labeled in Fig. 168 as the anterior part of the thalamus; the nuclei of the midline and the medial group of nuclei lie in the medial part of the thalamus and some of the nuclei last mentioned infiltrate the internal medullary lamina; and the lateral nuclear mass forms the lateral part of the thalamus. The nuclei as classified by Walker are listed below:

#### NUCLEI OF THE THALAMUS

1. Anterior nuclear group
  - Nucleus anterodorsalis
  - Nucleus anteroventralis
  - Nucleus anteromedialis
2. Nuclei of the midline
3. Medial nuclei
  - Nucleus medialis dorsalis
  - Nucleus of the centrum medianum
  - Nucleus submedius
  - Nucleus medialis ventralis
  - Nucleus parafascicularis
  - Nucleus paracentralis
  - Nucleus centralis lateralis
4. Lateral nuclear mass
  - Nucleus ventralis anterior
  - Nucleus ventralis lateralis
  - Nucleus ventralis posterior
    - (a) Nucleus ventralis posteromedialis
    - (b) Nucleus ventralis posterolateralis
    - (c) Nucleus ventralis posteroinferior
    - (d) Nucleus ventralis intermedius

- Nucleus lateralis dorsalis
- Nucleus lateralis posterior
  - (a) Pars angularis
- Nucleus reticularis
- 5. Posterior nuclei
  - Corpus geniculatum laterale
  - Corpus geniculatum mediale
  - Nucleus pulvinaris
  - Nucleus suprageniculatus
  - Nucleus limitans

The **anterior group of nuclei** (Fig. 169, 1, *A*) receives fibers from the mammillary body by way of the mammillothalamic tract and sends fibers to the cerebral cortex in the gyrus cinguli.

The **nuclei of the midline** are small groups of cells lying in the wall of the third ventricle and in the massa intermedia (Fig. 169, 1, *M*). Their chief connections are with the hypothalamus.

The **medial group of nuclei** includes two which require special consideration. The *dorsal medial nucleus* (nucleus medialis dorsalis; Fig. 169, 2, *DM*) consists of two parts. A smaller medial portion, receives fibers from the nuclei of the midline and sends fibers to the hypothalamus, but none to the cerebral cortex. The larger lateral portion receives fibers from other thalamic nuclei and sends fibers to the granular cortex of the frontal lobe (Fig. 171). The *nucleus of the centrum medianum* (Fig. 169, 3, *CM*) is partly embedded in the internal medullary lamina. It does not appear to be directly connected with any of the afferent paths that enter the thalamus and it sends no fibers to the cerebral cortex. Its functional significance is obscure, but it may be in some way associated with the corpus striatum (Walker, 1938).

The **lateral nuclear mass** includes the *reticular nucleus* (Fig. 169, 2, *R*), a thin sheet of cells on the lateral surface of the thalamus. This nucleus lies between the external medullary lamina and the internal capsule. The remainder of this mass is divided horizontally into a larger ventral part (Fig. 170, *AV*, *LV*, and *PV*) and a smaller dorsal part (Fig. 170, *DL* and *PL*).

The most anterior part of the ventral division of the lateral nuclear mass is known as the *anterior ventral nucleus* or nucleus ventralis anterior (Fig. 169, 1, *AV*). Its relative position is illustrated schematically in a diagrammatic parasagittal section (Fig. 170, *AV*). It receives fibers from the globus pallidus and sends other fibers back to the corpus striatum. Behind it lies the *lateral ventral nucleus* or nucleus ventralis lateralis (*LV*) which receives the fibers of the brachium conjunctivum and sends fibers to the motor cortex and, in smaller numbers, to the premotor cortex of the frontal lobe (Fig. 171). It serves, therefore, as a relay station upon the path from the cerebellum to the cerebral motor centers.

The posterior part of the ventral division of the lateral nuclear mass (Fig.



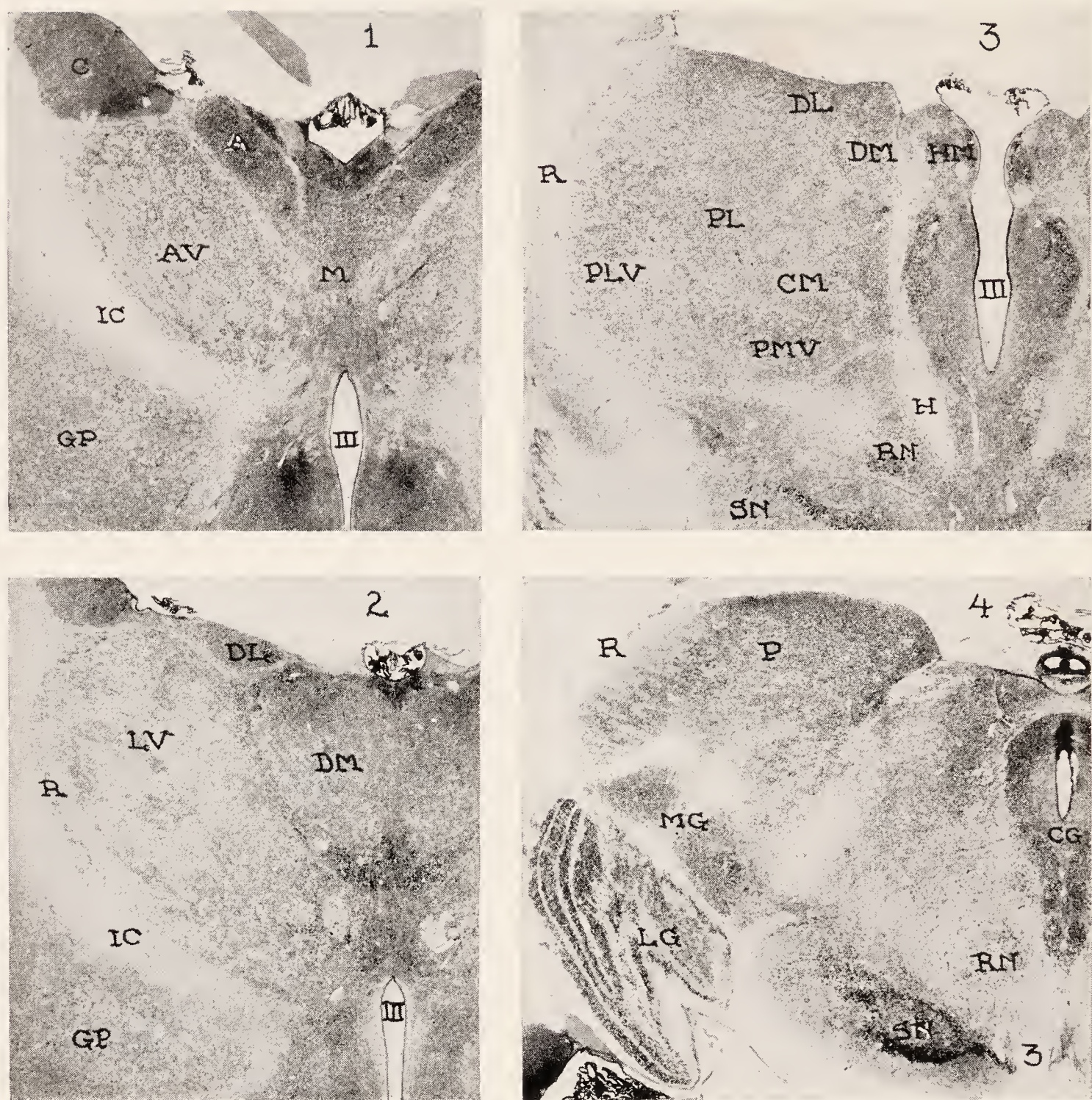


Fig. 169.—Photomicrographs from sections through the thalamus of the monkey: *A*, anterior thalamic nuclei; *AV*, anterior ventral nucleus; *C*, caudate nucleus; *CG*, central gray; *CM*, centrum medianum; *DL*, dorsal lateral nucleus; *DM*, dorsal medial nucleus; *GP*, globus pallidus; *H*, habenulopeduncular tract; *HM*, medial habenular nucleus; *IC*, internal capsule; *LG*, lateral geniculate body; *LV*, lateral ventral nucleus; *M*, nuclei of the midline; *MG*, medial geniculate body; *P*, pulvinar; *PL*, posterior lateral nucleus; *PLV*, posterolateral ventral nucleus; *PMV*, posteromedial ventral nucleus; *R*, reticular nucleus; *RN*, red nucleus; *SN*, substantia nigra; 3, third nerve; III, third ventricle.

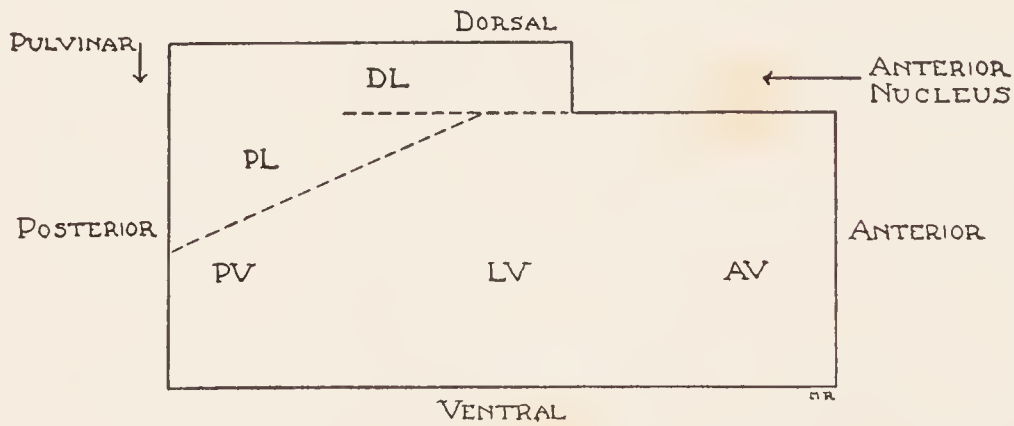


Fig. 170.—Schematic parasagittal section through the lateral nuclear mass of a monkey's thalamus: *AV*, Anterior ventral nucleus; *DL*, dorsal lateral nucleus; *LV*, lateral ventral nucleus; *PL*, posterior lateral nucleus; *PV*, posterior ventral nucleus which is divided into *PLV* and *PMV* in Fig. 169, 3.



170, *PV*), may be divided into several parts of which only the two most important will be mentioned. The *posteromedial ventral nucleus* (nucleus ventralis posteromedialis), labeled *PMV* in Fig. 169, 3, is also known as the nucleus semilunaris. It lies against the ventrolateral surface of the centrum medianum and thus acquires its semilunar shape (Figs. 172, 174). Within it terminate the fibers of the secondary trigeminal tract (Fig. 172). Lateral to it, lies the *posterolateral ventral nucleus* (Fig. 169, 3, *PLV*), within which terminate the fibers of

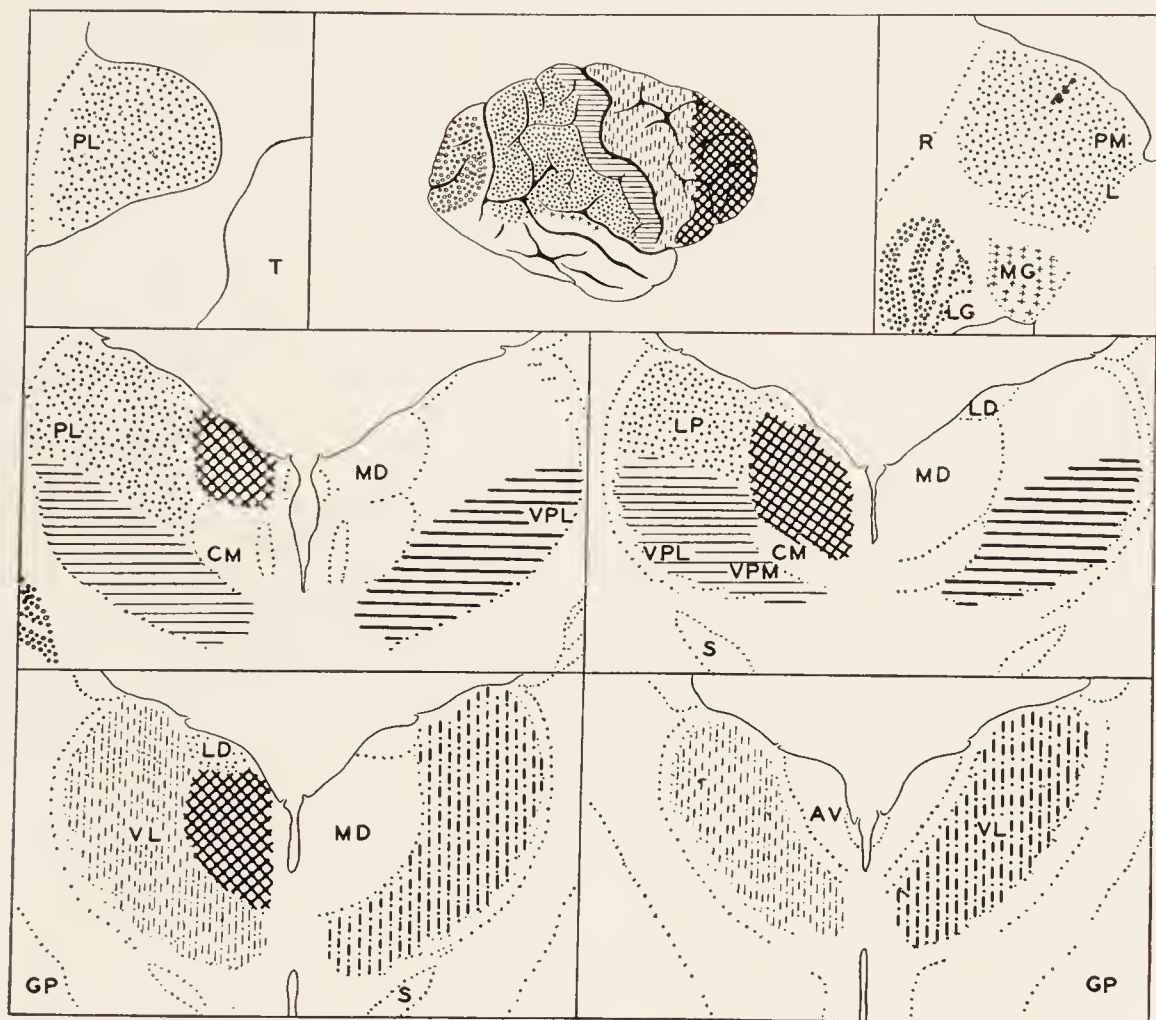


Fig. 171.—Diagrammatic drawings of thalamic nuclei and cerebral cortex of the chimpanzee. The thalamic nuclei on the left side carry the same markings as do the cortical areas to which they send fibers. On the right of the thalamus the heavy horizontal lines mark the nuclei (ventralis posterolateralis and ventralis posteromedialis) within which terminate the medial lemniscus, spinothalamic tract and secondary trigeminal tracts. The vertically arranged heavy dashes and dots in the right nucleus ventralis lateralis indicate the termination of the brachium conjunctivum (Walker). *AV*, Nucleus anteroventralis; *CM*, centrum medianum; *GP*, globus pallidus; *L*, nucleus limitans; *LD*, nucleus lateralis dorsalis; *LG*, corpus geniculatum laterale; *LP*, nucleus lateralis posterior; *MD*, nucleus medialis dorsalis; *MG*, corpus geniculatum mediale; *PL*, nucleus pulvinaris lateralis; *PM*, nucleus pulvinaris medialis; *R*, nucleus reticularis; *S*, nucleus subthalamicus; *T*, tegmentum mesencephali; *VL*, nucleus ventralis lateralis; *VPL*, nucleus ventralis posterolateralis; *VPM*, nucleus ventralis posteromedialis.

the spinothalamic tract and medial lemniscus (Fig. 172). These two nuclei have fiber connections with the cortex of the posterior central gyrus (Fig. 171). By means of the thalamocortical fibers arising in them, impulses are relayed from the medial lemniscus and from the spinothalamic and secondary trigeminal tracts to the somesthetic sensory cortex. Within the thalamus the receptive area for the face is located medially (posteromedial ventral nucleus), that for the leg laterally (lateral part of the posterolateral ventral nucleus), and that for



the arm in an intermediate position (medial part of the posterolateral ventral nucleus). These respective areas are connected with the corresponding areas of the sensory cortex by specific portions of the thalamic radiation (Fig. 172).

The two nuclei composing the more dorsal part of the lateral nuclear mass, namely, the *dorsal lateral nucleus* and the *posterior lateral nucleus* (Fig. 169, 3, *DL* and *PL*), are continuous with the pulvinar. They receive fibers from other thalamic nuclei and are connected with the cortex of the parietal lobe (Fig. 171).

The relative positions of the constituent parts of the lateral nuclear mass are represented in a schematic parasagittal section through this nuclear mass (Fig. 170).

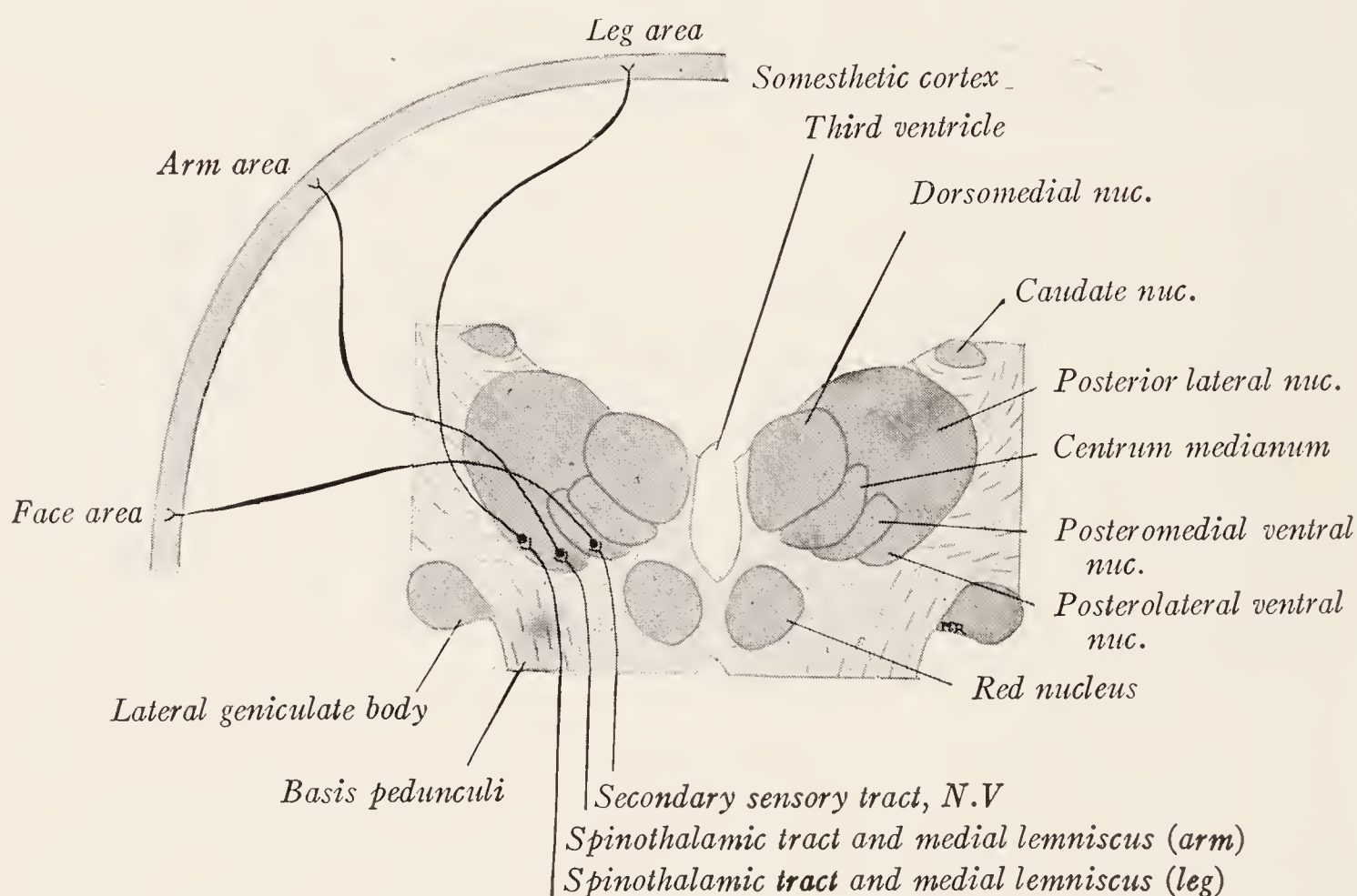


Fig. 172.—Diagram of afferent pathways through the thalamus.

The **posterior thalamic nuclei** include, according to Walker's classification, the pulvinar and the medial and lateral geniculate bodies. The *pulvinar* (Fig. 169, 4, *P*), is a large nuclear mass forming the posterior extremity of the thalamus. It was formerly incorrectly supposed to receive fibers from the optic tract. Fibers reach it from other thalamic nuclei and also from the geniculate bodies. It has fiber connections with the cortex of the posterior parts of the parietal and temporal lobes (Fig. 171), and is probably concerned in visual and auditory integrations.

The *medial geniculate body* is a thalamic nucleus which has been displaced downward so that it lies lateral to the upper end of the mesencephalon under cover of the pulvinar and in close association with the lateral geniculate body (*MG*, Figs. 169, 4; 315, 317). It receives fibers by way of the inferior quadrigeminal brachium from the lateral lemniscus, the central auditory pathway

from the cochlear nuclei. From it fibers run to the auditory area of the cerebral cortex (the thalamotemporal or acoustic radiation).

The *lateral geniculate body* lies lateral to the medial geniculate body under cover of the pulvinar (*LG*, Figs. 169, 4; 315, 317). Alternate layers of fibers and cells give it a conspicuous lamination in microscopical preparations. It receives the fibers of the optic tract. The projections from the various parts of the retina have specific localizations in the lateral geniculate body, and there is a specific point to point relationship between the various parts of this nucleus and the parts of the visual cortex with which they are connected (Fig. 189). The fibers joining the lateral geniculate body with the visual cortex form the geniculocalcarine tract.

**Function.**—The small thalamic nuclei which lie in the wall of the third ventricle and in the massa intermedia form a group designated as the nuclei of the midline. This group is relatively constant throughout the vertebrate scale, and may perhaps be concerned with visceral sensibility and with the more primitive thalamic correlations such as occur in animals lacking a cerebral cortex. These nuclei have no cortical connections. Other nuclei without known cortical connections are the nucleus of the centrum medianum and the anterior ventral nucleus. The latter appears to have both afferent and efferent connections with the corpus striatum (Ranson *et al.*, 1941). Other thalamic nuclei serve as relay stations on pathways to the cerebral cortex. The medial geniculate and lateral geniculate bodies relay auditory and visual impulses. The posteromedial ventral and the posterolateral ventral nuclei are relays on the somesthetic sensory pathway. The lateral ventral nucleus is a relay on the path from the red nucleus. Still other nuclei, with no large afferent pathways of their own, receive impulses from other thalamic nuclei, correlate them and then pass them on to cortex lying outside the sensory areas. In this third group there are included the dorsal lateral and posterior lateral nuclei and the pulvinar. The pulvinar appears to provide for integrations of auditory, visual, and somatic sensory impulses.

Some awareness of sensation may develop at the thalamic level; but this will be considered in connection with the sensory functions of the cerebral cortex.

Lesions in the lateral nucleus of the thalamus often cause, in addition to a loss or impairment of sensation on the opposite side of the body, intractable pain in the anesthetic regions. Any sensation evoked on the affected side may be extremely unpleasant or painful and bring about an excessive emotional response. These peculiar sensory disturbances involved in the *thalamic syndrome* have not yet been adequately explained.

### THE SUBTHALAMUS

The subthalamus, or ventral thalamus, is situated between the dorsal thalamus and the tegmentum of the mesencephalon, and forms a zone of transition between these two structures. Lateral to it the internal capsule joins the basis pedunculi; and medial and rostral to it lies the hypothalamus. It includes the fields *H*, *H*<sub>1</sub>



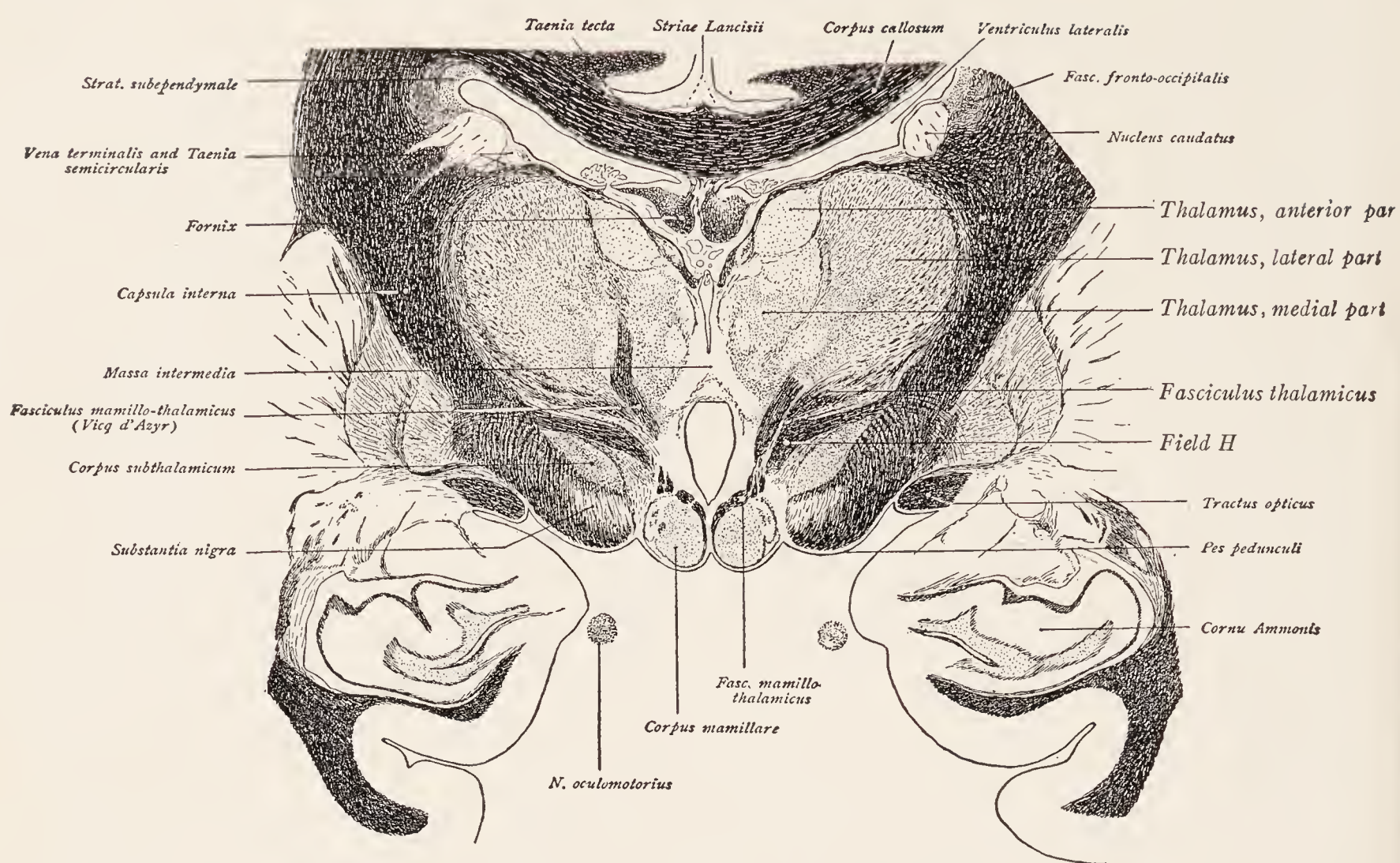


Fig. 173.—Frontal section through the human diencephalon at the level of the mammillothalamic tract. Weigert method. (Villiger-Piersol.)

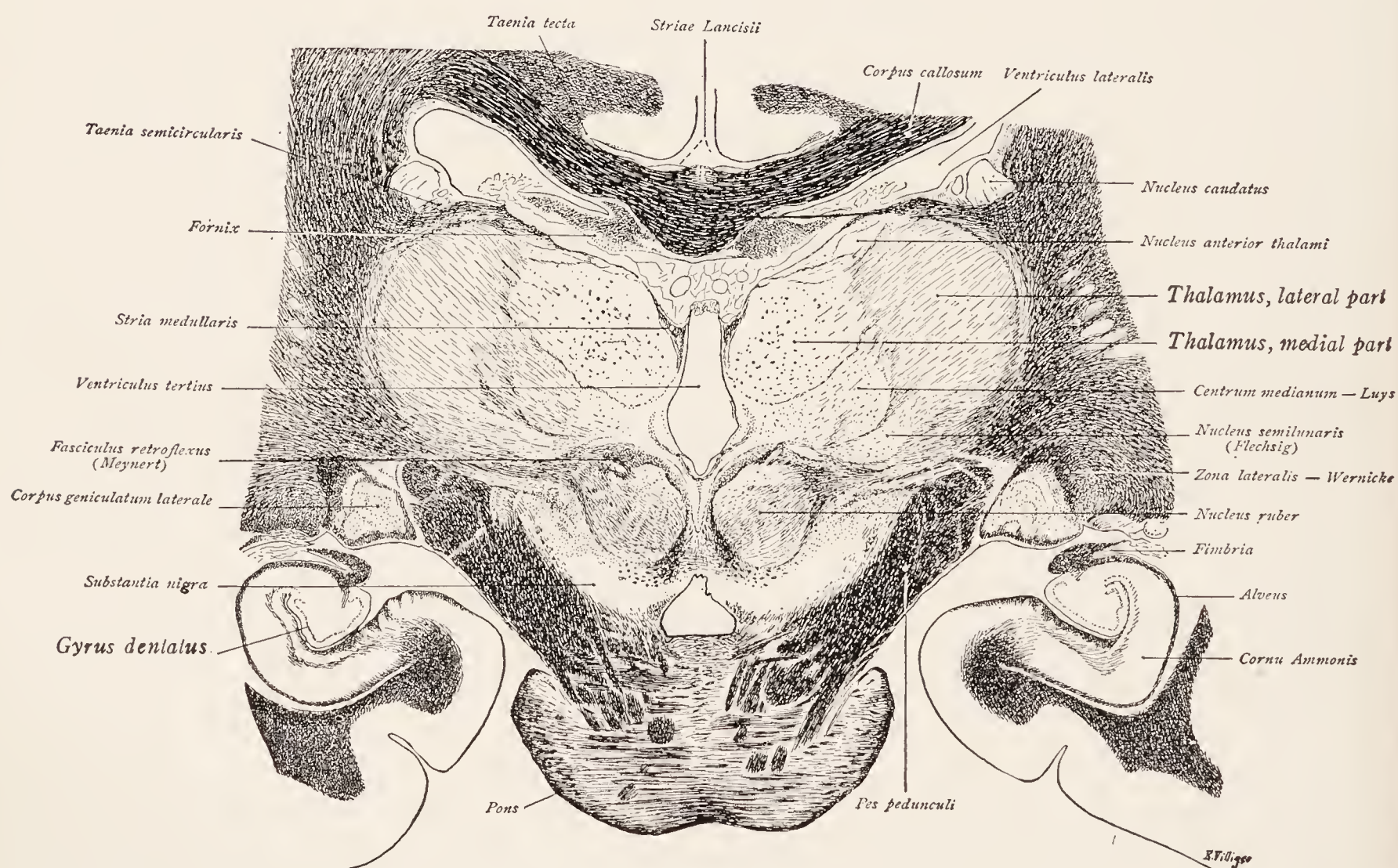


Fig. 174.—Frontal section through the human diencephalon at the level of the centrum medianum. Weigert method. (Villiger-Piersol.)



and  $H_2$  of Forel and the subthalamic nucleus. The red nucleus and substantia nigra project upward into it from the mesencephalon (Figs. 173, 174).

The *subthalamic nucleus* (corpus Luysii) is a biconvex mass of gray matter which lies upon the medial side of the transition zone between the internal capsule and basis pedunculi (Figs. 173, 182). This nucleus receives fibers from the external division of the globus pallidus and forms an important part of the descending pathway from the corpus striatum (see p. 264).

The *fields of Forel*,  $H$ ,  $H_1$  and  $H_2$ , are occupied by fibers from the internal division of the globus pallidus. From this division of the globus pallidus there arises the fasciculus lenticularis ( $H_2$ ) which runs medially and after being joined by the ansa lenticularis bends sharply on itself in field  $H$  and is then continued as the thalamic fasciculus through field  $H_1$  to the anterior ventral nucleus of the thalamus (Figs. 181, 182, 213; see p. 263). Above the fasciculus lenticularis is a thin plate of gray matter known as the zona incerta (Fig. 182,  $ZI$ ).

### THE EPITHALAMUS

The epithalamus includes the pineal body, stria medullaris, and *habenular trigone*. The latter is a small triangular area located on the dorsomedial aspect of the thalamus rostral to the pineal body (Figs. 166, 167). It marks the position of the *habenular nucleus*, an olfactosomatic correlation center, which receives fibers from the *stria medullaris*, a fascicle which runs along the border between the dorsal and medial surfaces of the thalamus subjacent to the tænia thalami (Figs. 167, 168). The stria medullaris takes origin from the olfactory centers on the basal surface of the cerebral hemisphere and, partially encircling the thalamus, reaches the habenular ganglion, in which it ends. Not all of the fibers terminate on the same side; some cross to the ganglion of the opposite side, forming a transverse bundle of myelinated fibers which joins the caudal end of the two ganglia together and is known as the *habenular commissure*. From the cells in this ganglion arises a bundle of fibers, known as the *fasciculus retroflexus* of Meynert or the tractus habenulopeduncularis. This bundle of fibers is directed ventralward toward the base of the brain and ends in the interpeduncular ganglion (Fig. 363, i pe). The stria medullaris, habenular ganglion, and fasciculus retroflexus are all parts of an arc for olfactory reflexes. According to Edinger (1911) the cells, from which the stria medullaris arises, are intimately related to a bundle of ascending fibers from the sensory nuclei of the trigeminal nerve. If this be true, this olfactory mechanism may receive afferent impulses from the nose, mouth, and tongue and be concerned with feeding reflexes.

The **pineal body** is a small mass, shaped like a fir cone, which rests upon the mesencephalon in the interval between the two thalami. Its base is attached by a short stalk to the habenular and posterior commissures, and into the stalk there extends the small pineal recess of the third ventricle. The pineal body is a rudimentary structure and is not composed of nervous elements. In some vertebrates, certain lizards, for example, it is more highly developed, resembles



in structure an invertebrate eye, and lies close to the dorsal surface of the head.

The **posterior commissure** is a large bundle of fibers which crosses the median plane dorsal to the point where the cerebral aqueduct opens into the third ventricle (Fig. 166). Some of its fibers serve to connect together the two superior colliculi, but the source and termination of most of its fibers remain obscure.

### THE HYPOTHALAMUS

The hypothalamus lies ventral to the thalamus and forms the floor and part of the lateral wall of the third ventricle (Fig. 166). As seen on the ventral surface

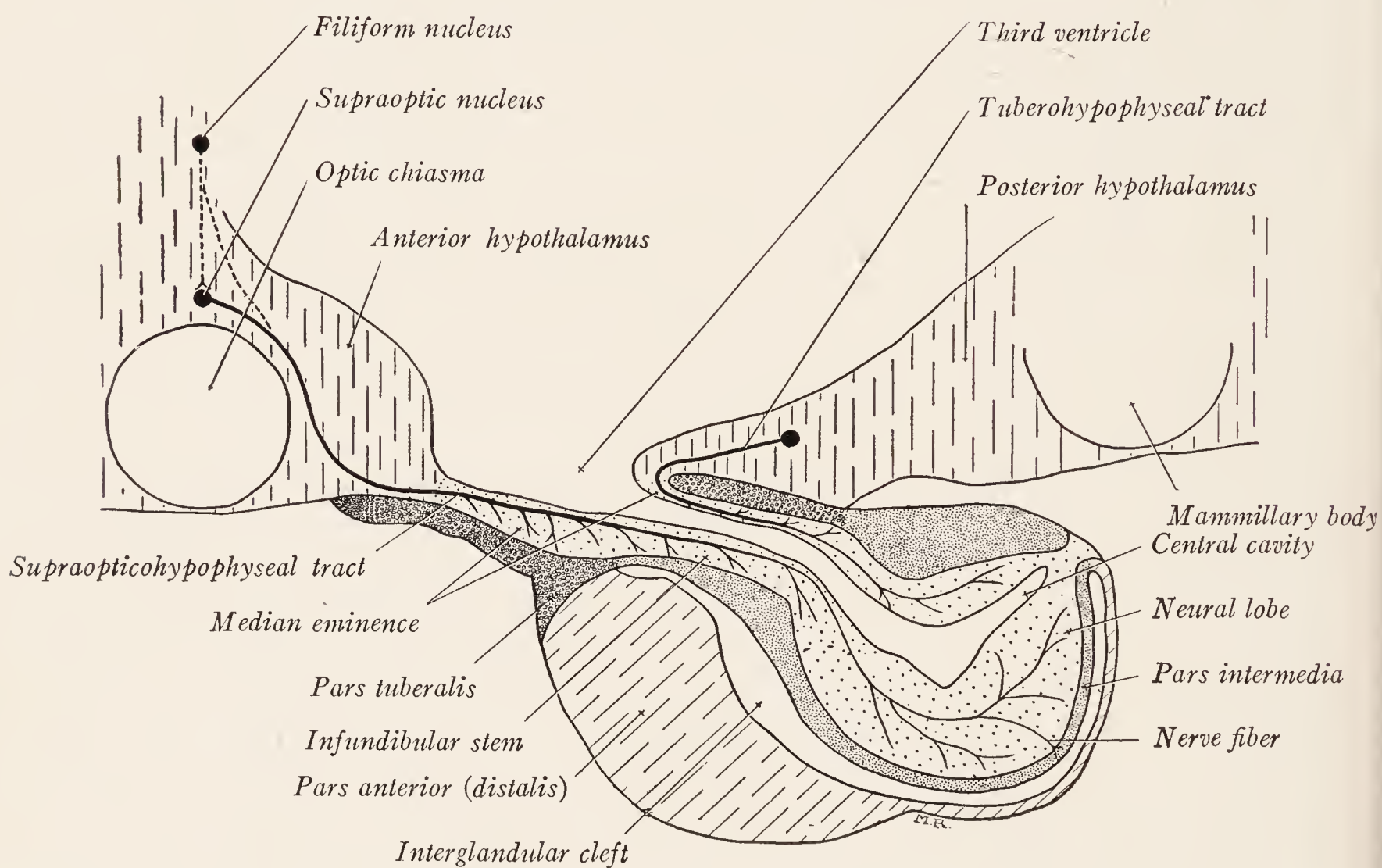


Fig. 175.—Diagram of a midsagittal section through the hypothalamus and hypophysis of the cat.

of the brain (Fig. 99) it includes the optic chiasma, corpora mammillaria, tuber cinereum, infundibulum, and neurohypophysis. The *mammillary bodies* are a pair of small spheric masses of gray matter, situated close together in the interpeduncular space rostral to the posterior perforated substance. The *tuber cinereum* is an elevated gray area rostral to the mammillary bodies. To it the hypophysis is attached by the funnel-shaped *infundibulum* (Fig. 166).

**The Neurohypophysis.**—The enlarged upper end of the infundibulum, known as the median eminence, is attached to the tuber cinereum and forms a small part of the floor of the third ventricle (Fig. 175). At its lower end the infundibular stalk joins the neural lobe of the hypophysis, which with the pars intermedia forms what has been called the posterior lobe. The median eminence,

infundibular stem, and neural lobe (or infundibular process) constitute the neurohypophysis (Rioch, Wislocki and O'Leary, 1940). All three parts have the same structure and contain modified neuroglial cells known as pituicytes.

The neurohypophysis develops as a downward evagination of the embryonic diencephalon. To it there becomes attached a glandular mass, the adenohypophysis, derived from the pharyngeal epithelium. Both the neural and the glandular parts of the hypophysis function as endocrine glands.

**Structure of the Hypothalamus.**—For convenience of description each lateral half of the hypothalamus may be divided into a medial part with many nuclei and few myelinated fibers and a lateral part, the lateral hypothalamic area, containing scattered nerve-cells and many longitudinally coursing myelinated fibers. It may also be divided transversely into three parts: supraoptic, tuberal, and mammillary. Immediately in front of and not sharply marked off from the hypothalamus is the preoptic region, *i. e.*, the region between the anterior commissure and optic chiasma (*AX* and *OX*, Fig. 176).

**Nuclei.**—The nerve-cells of the hypothalamus are not uniformly distributed but are arranged in more or less definite nuclear groups. Most of the cells are small and their grouping into nuclei is not always sharply defined. The *supraoptic nucleus* is an important exception. It is composed of large closely-packed cells and forms a conspicuous mass overlying the beginning of the optic tract (Figs. 176–178, 184, *SO*). In the supraoptic portion of the hypothalamus there are in addition to the nucleus just described also the cells of the anterior hypothalamic area (Fig. 177, *A*), and the paraventricular nucleus (Figs. 177–179, *PA*). In the tuberal region there are to be found the ventromedial hypothalamic nucleus (Figs. 178, 179, *VM*), the dorsomedial hypothalamic nucleus (Figs. 178–180, *DM*), and the cells of the dorsal hypothalamic area (Figs. 179, 180, *D*). In the mammillary region are found the cells of the posterior hypothalamic area (Figs. 181, 182, *HP*), and the nuclei of the mammillary body: the medial mammillary nucleus (Figs. 181, 182, *MM*), the lateral mammillary nucleus (Fig. 181, *ML*), and the nucleus intercalatus (Fig. 181, *Ic*). The medial is much the largest of these three nuclei in the mammillary body. The other two are small and situated close to its lateral surface.

Lateral to the fornix throughout the length of the hypothalamus is the lateral hypothalamic area (Figs. 177, 179, 181, *LH* or *HL*). The nerve-cells which it contains are small in the anterior part of the hypothalamus but they increase in size posteriorly, forming what Malone called the tuberomammillary nucleus. A detailed account of the hypothalamic nuclei and fiber tracts has been published by Ingram (1940).

**Afferent Nerve-Fibers.**—The *medial forebrain bundle* contains fine myelinated and unmyelinated fibers running from before backwards through the lateral hypothalamic area. It forms a connection between the ventromedial areas of olfactory cortex and the preoptic and hypothalamic areas. The lateral hypothalamic area also contains descending fibers which run from the hypothalamic



Fig. 176

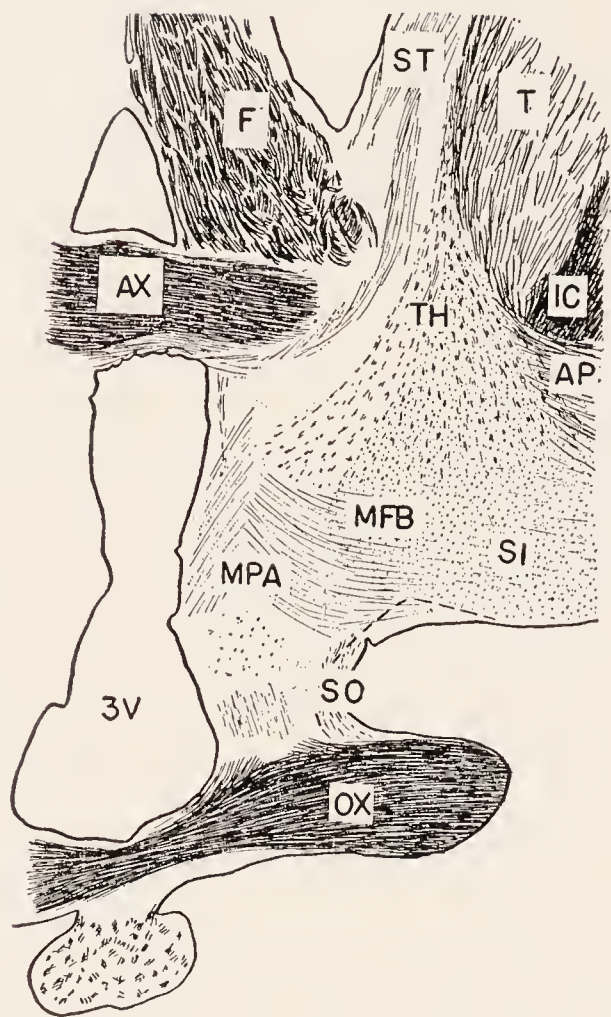


Fig. 177

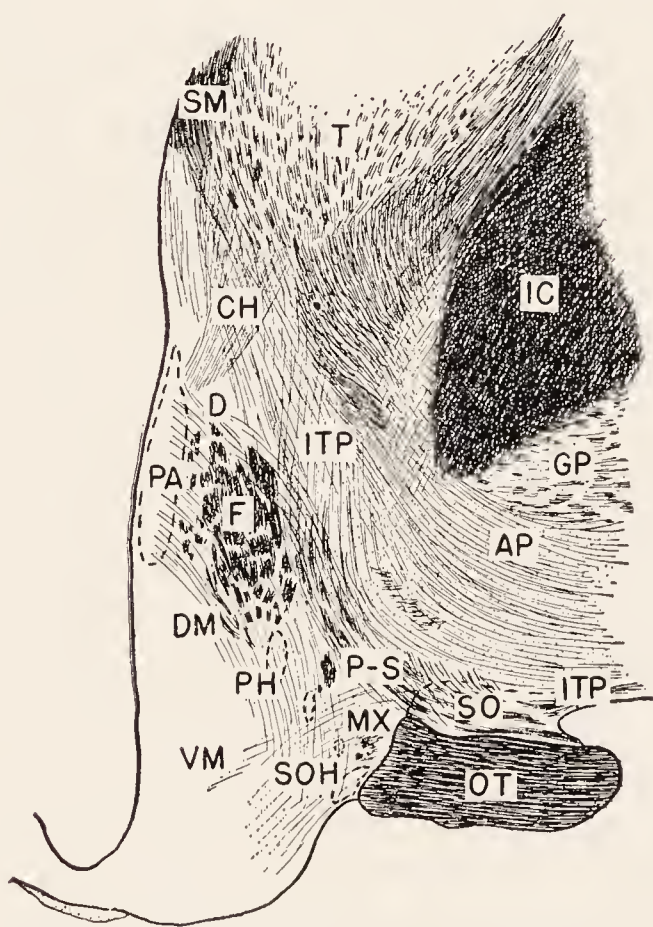
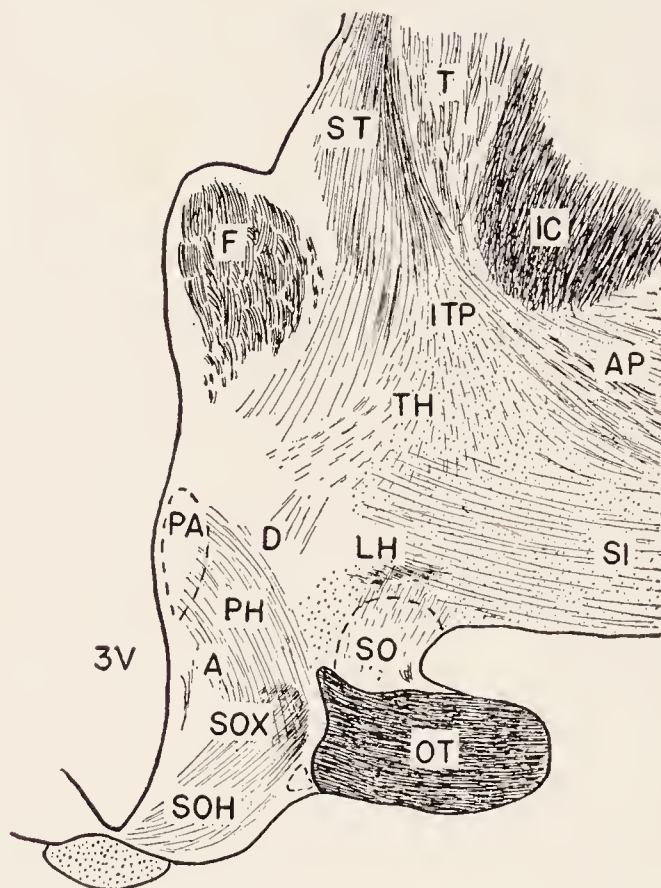


Fig. 178

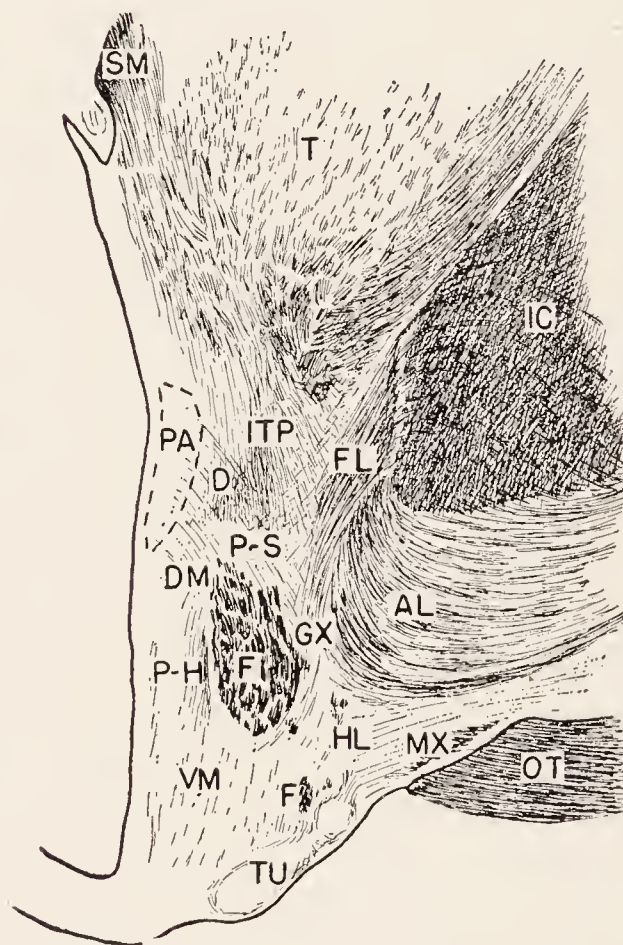


Fig. 179

Figs. 176-183.—Semischematic drawings illustrating the fiber pattern and the location of nuclei in the human hypothalamus. The first seven figures represent transverse sections through successive rostrocaudal levels and Fig. 183, a parasagittal section. (Ingram, *The Vegetative Nervous System*, Vol. IX, Assn. for Research in Nervous and Mental Disease.) *A*, Anterior hypothalamic area; *AL*, ansa lenticularis; *AP*, ansa peduncularis; *AX*, anterior commissure; *CH*, cortico-habenular fibers; *D*, dorsal hypothalamic area; *DESC*, fibers of the diffuse descending system; *DM*, dorsomedial hypothalamic nucleus; *F*, fornix; *FL*, fasciculus lenticularis; *FLD*, dorsal longitudinal fasciculus; *GP*, globus pallidus; *GX*, dorsal supraoptic commissure, pars dorsalis; *H*, *H*<sub>1</sub>, fields of Forel; *HL* or *LH*, lateral hypothalamic area; *HP*, posterior hypothalamic



Fig. 180

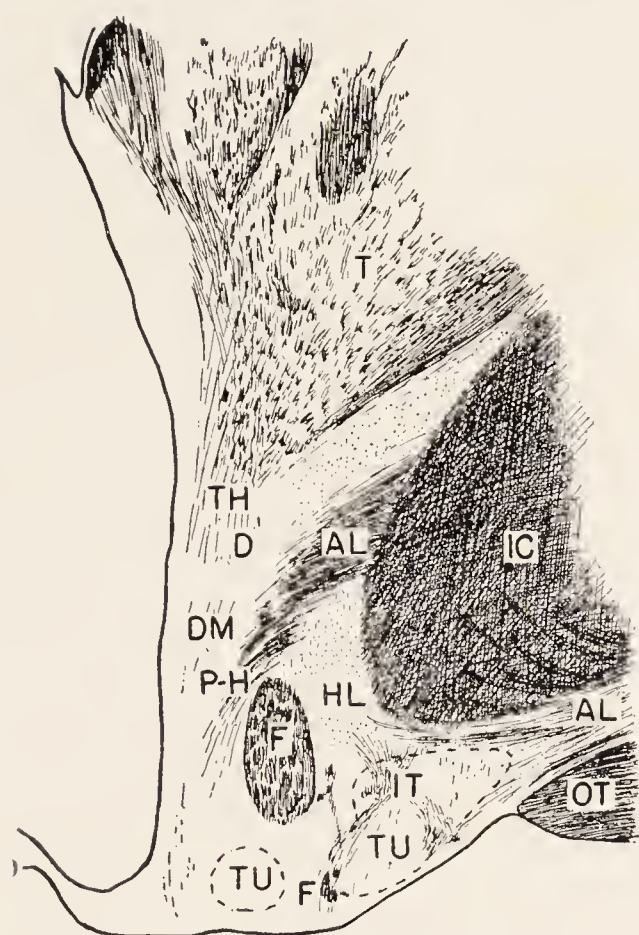


Fig. 181

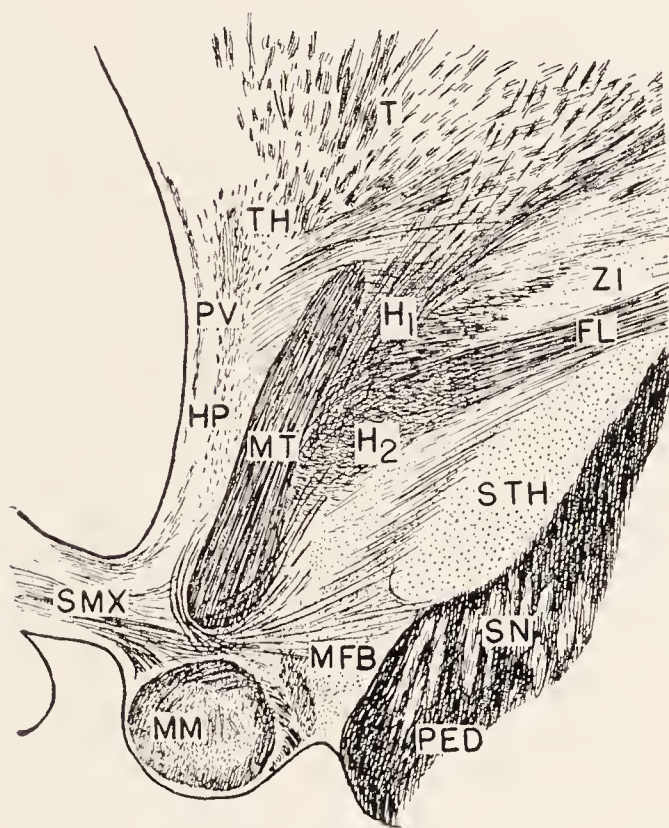
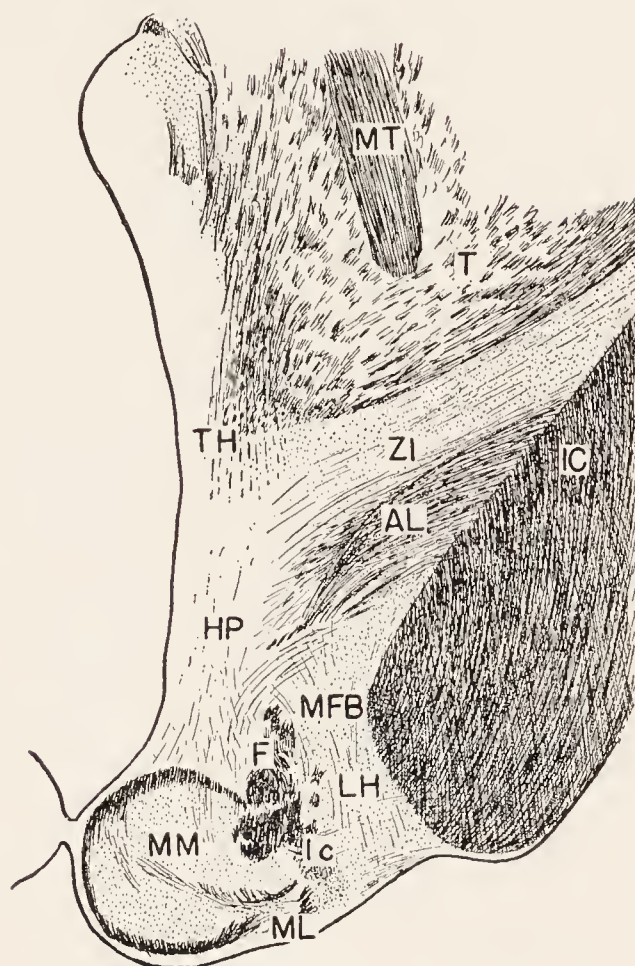


Fig. 182

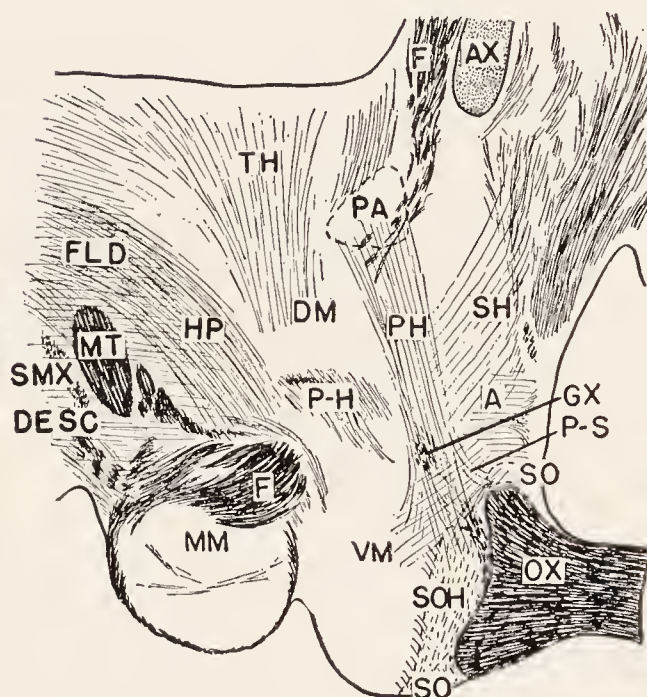


Fig. 183

area; *IC*, internal capsule; *Ic*, nucleus intercalatus; *IT*, fibers of nucleus tuberis; *ITP*, inferior thalamic peduncle; *MFB*, medial forebrain bundle; *ML*, lateral mammillary nucleus; *MM*, medial mammillary nucleus; *MPA*, medial preoptic area; *MT*, mammillothalamic tract; *MX*, dorsal supraoptic commissure, pars ventralis; *OT*, optic tract; *OX*, optic chiasma; *PA*, paraventricular nucleus; *PED*, cerebral peduncle; *PH*, paraventriculohypophyseal fibers; *P-H*, pallido-hypothalamic fibers; *P-S*, paraventriculo-supraoptic fibers; *PV*, periventricular system; *SH*, septohypothalamic fibers; *SI*, substantia innominata; *SM*, stria medullaris; *SMX*, supramammillary commissure; *SN*, substantia nigra; *SO*, supraoptic nucleus; *SOH*, supraopticohypophyseal tract; *SOX*, supraoptic commissures; *ST*, stria terminalis; *STH*, subthalamic nucleus; *T*, thalamus; *TH*, thalamohypothalamic fibers; *TU*, nucleus tuberis laterale; *VM*, ventromedial hypothalamic nucleus; *ZI*, zona incerta; *3V*, third ventricle.



nuclei into the brain stem. The *fornix* is a large, heavily myelinated fascicle which runs obliquely through the hypothalamus from above downward and backward (Figs. 176–181, *F*; 230). It takes origin from the hippocampus and ends in the medial and lateral mammillary nuclei (p. 227). A small but well defined fascicle of myelinated fibers, the *pallidohypothalamic tract* (Fig. 180, *P-H*), takes origin from the globus pallidus. After separating from the ansa lenticularis it runs medially and ventrally through the hypothalamus to end in the ventromedial hypothalamic nucleus (Ranson *et al.*, 1941). Corticohypothalamic and thalamohypothalamic connections, either direct or indirect, exist but information on this subject is scanty and confused. The *mammillary peduncle* contains fibers which ascend from the brain stem to end in the lateral mammillary nucleus. Fibers, which belong to the *stria terminalis*, run from the amygdaloid nucleus to the preoptic and hypothalamic regions.

The *supraoptic commissures* consist of fibers which cross the midline dorsal to the caudal border of the optic chiasma. Although in this part of their course they lie in the hypothalamus, these fibers make no connections with the hypothalamic nuclei (Magoun and Ranson, 1942).

**Efferent Nerve Fibers.**—The *supraopticohypophyseal tract* arises from the cells of the supraoptic nucleus and runs through the median eminence and infundibular stem into the neural lobe of the hypophysis (Fig. 175). It distributes fibers to all parts of the neurohypophysis, including the median eminence and infundibular stem as well as the neural lobe (Fisher, Ingram and Ranson, 1938; Magoun and Ranson, 1939). Fibers from the paraventricular nucleus and from the tuber also reach the neurohypophysis (paraventriculohypophyseal and tuberohypophyseal tracts). *Descending fibers* from the hypothalamic nuclei enter the mesencephalon in medial and lateral bundles. The lateral fibers descend through the lateral hypothalamic area and reach the midbrain by passing dorso-laterally to the mammillary body (Magoun, 1940). The medial fibers descend in the periventricular system close to the wall of the third ventricle and form the dorsal longitudinal fasciculus ventral to the cerebral aqueduct (Fig. 127). The *mammillothalamic tract* is a large well-myelinated bundle which arises from the mammillary nuclei and ends in the anterior thalamic nuclei (Figs. 173, 230). The *mammillotegmental tract* is a descending bundle which branches off from the mammillothalamic tract and runs into the mesencephalon. Like the latter tract it arises from the mammillary nuclei.

#### FUNCTIONS OF THE HYPOTHALAMUS

The activity of the hypothalamus, when released from cortical inhibition, furnishes information concerning the normal function of this part of the brain. Animals from which the cerebral cortex has been removed show on slight provocation signs of rage including struggling, piloerection, pupillodilatation, and increase in arterial blood pressure. This sham rage does not appear if the hypothalamus has been removed along with the cerebral hemisphere. The hypothala-

mus contains a *center for the excitation and integration of the visceral and somatic responses which regularly form a part of the reaction pattern of fear and rage* (Bard, 1934).

Electrical stimulation of the hypothalamus in anesthetized cats causes an increase in rate and depth of respiration, a rise in arterial blood pressure, pupilodilatation, and under some conditions also erection of hair. The sympathetic responses are accompanied by struggling and other activity of skeletal muscles suggestive of emotional excitement. It would thus appear that by electrical stimulation of the hypothalamus there is activated that mechanism for emotional expression which, when freed from cortical inhibition by decortication, gives rise to sham rage.

Stimulation of the preoptic region causes contraction of the bladder and sometimes also other evidence of parasympathetic activity. It is certain that the hypothalamus serves as a center for sympathetic innervation; but it is an open question

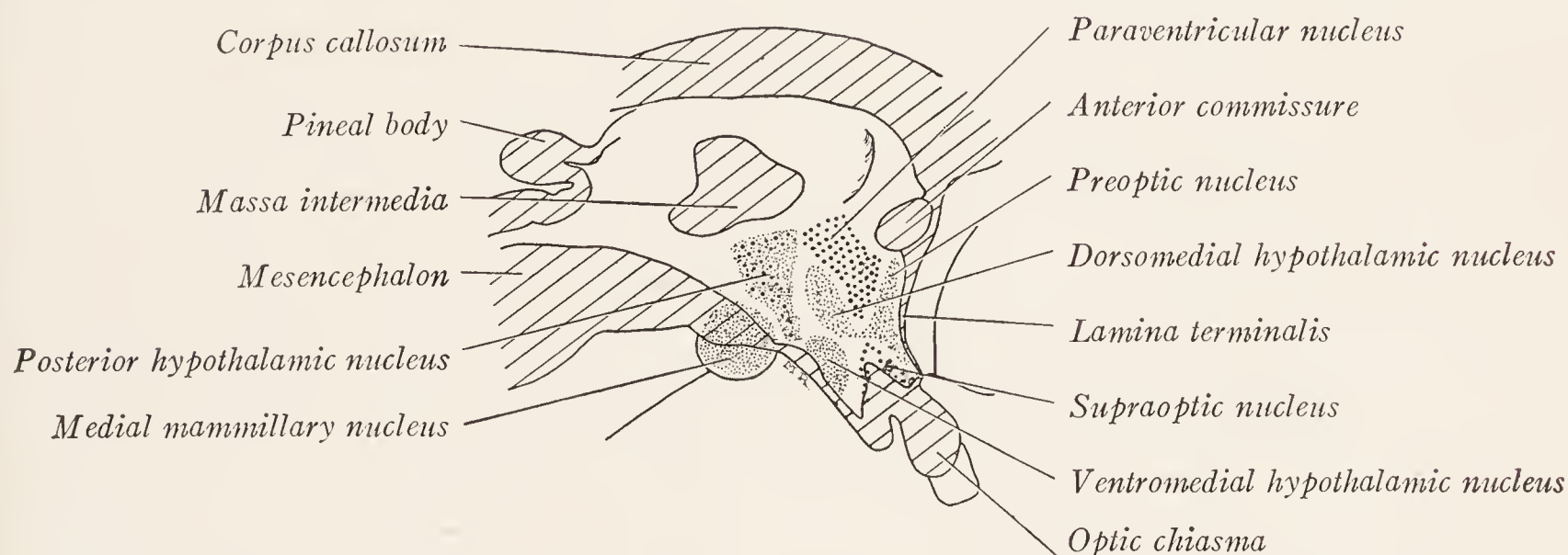


Fig. 184.—The hypothalamic nuclei of man illustrated as if projected upon the lateral wall of the third ventricle. (After Le Gros Clark.)

whether a general center for the parasympathetic system is situated in the preoptic region. All that is definitely known on this question is that the preoptic region contains a center for the innervation of the bladder. It is believed that a pathway leads backward from this center through the hypothalamus (Ranson and Magoun, 1939).

**Lesions of the hypothalamus** cause impairment or abolition of certain normal activities. The functions, which are thus affected, may be ascribed to the hypothalamus. Bilateral lesions situated in the caudal part of the lateral hypothalamic area regularly cause *somnolence*. The explanation for this seems to be that these lesions interrupt the important pathway from the hypothalamus, which descends through the lateral hypothalamic area and enters the mesencephalon after passing dorsolateral to the mammillary body. It is assumed that the impulses, which descend along this pathway and which under certain conditions are able to cause the intense and widespread activation of the body seen in rage, are under ordinary conditions an important factor in maintaining that degree of activity of the



brain stem and spinal cord which is essential for the waking state. At any rate it is certain on the basis of clinical as well as experimental evidence that lesions so placed as to interrupt bilaterally this descending pathway from the hypothalamus do cause somnolence (Ranson and Magoun, 1939).

*Disturbances in temperature regulation* often result from hypothalamic lesions. Bilateral lesions in the posterior part of the lateral hypothalamus impair or abolish the capacity for regulation of body temperature. If the room temperature is in the usual comfortable range the body temperature falls to a low level; but by the application of external heat the body can be easily overheated without bringing into play sweating or other means for dissipating heat. Bilateral

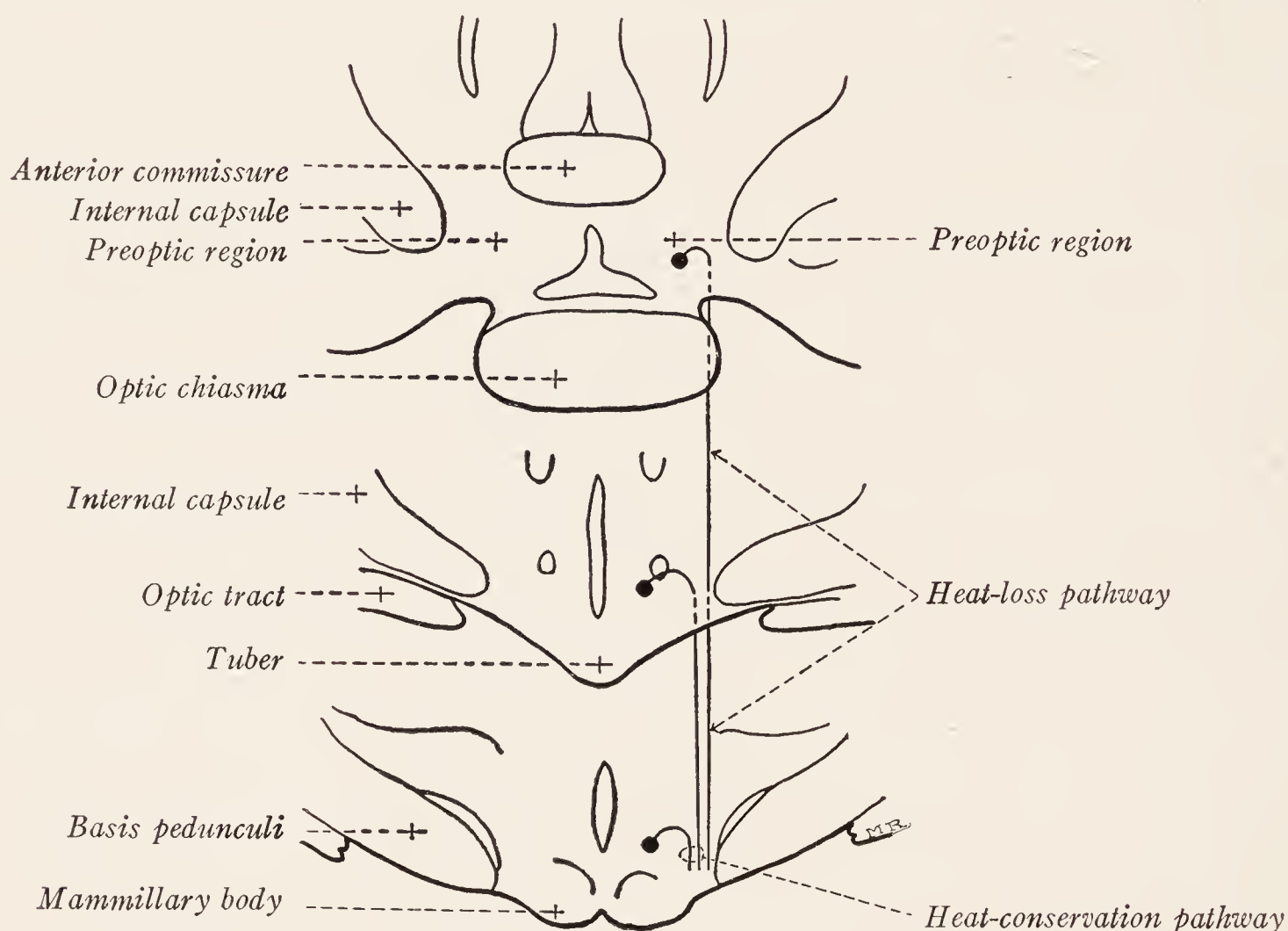


Fig. 185.—Diagrammatic representation of the mechanism for temperature regulation, superimposed upon schematic drawings of three transverse sections through the preoptic region and hypothalamus.

lesions in the preoptic region do not impair the capacity to react to a cold environment by vasoconstriction and shivering but eliminate the ability to reduce body temperature by sweating or panting. An animal with such anteriorly placed lesions can be easily overheated but chills no more readily than a normal animal. In man and animals acute bilateral lesions in the preoptic region often cause a rapid rise in body temperature, which may reach a fatally high level or may subside again within a day or two. Hyperthermia resulting from operations in the region of the optic chiasma is very troublesome for the neurosurgeon.

On the basis of all the available evidence it now seems clear that a center controlling heat-loss functions such as sweating and panting is situated in the preoptic region and that a pathway from this center runs backward through the

lateral hypothalamus (Fig. 185). The center for preventing heat loss by vasoconstriction and for increasing heat production by shivering is situated in the hypothalamus proper; and its descending pathway also runs backward through the lateral hypothalamus. Both descending pathways run close together dorso-lateral to the mammillary body and enter the mesencephalic tegmentum. Bilateral lesions in the caudal part of the lateral hypothalamus interrupt both pathways and interfere with both the heat-loss and the heat-conservation mechanisms. Bilateral lesions in the preoptic region destroy the heat-loss center leaving the heat-conservation mechanism intact; and as a result the body temperature either remains normal or may be temporarily elevated (Ranson, 1940; Beaton *et al.*, 1943).

*Diabetes insipidus*, a disease characterized by the passage of an excessive amount of sugar-free urine of low specific gravity, is caused by the interruption of the supraopticohypophyseal tract, the destruction of the supraoptic nuclei or by the removal or destruction of the neurohypophysis. All three parts of the neurohypophysis, *i. e.*, the median eminence, infundibular stem, and neural lobe (Fig. 175), have the same structure and constitute an endocrine gland which secretes an antidiuretic hormone. This hormone acts on the kidney to reduce the amount of urine. The supraoptic nuclei give rise to the supraopticohypophyseal tract and this is distributed to the neurohypophysis. These three structures, nucleus, tract, and endocrine gland, are mutually interdependent. When one is destroyed the other two degenerate and diabetes insipidus results because of a deficiency of the antidiuretic hormone normally formed by the neurohypophysis. Clinically, the most common cause of diabetes insipidus is the interruption of the supraopticohypophyseal tract in the floor of the third ventricle or in the infundibular stem. The disease has been produced in animals by interrupting the tract at one or the other of these two levels. It can also be produced in animals by removing all of the neurohypophysis; but, if the median eminence and infundibular stem are left, these may constitute a sufficient remnant of the gland to prevent the disease from developing (Fisher, Ingram and Ranson, 1938; Magoun and Ranson, 1939).

*Disturbances in fat metabolism* may result from hypothalamic lesions. In the rat and probably in some other animals and in man, lesions in the hypothalamus which do not in any way involve the hypophysis may result in adiposity (Hetherington and Ranson, 1943).

### THE VISUAL APPARATUS

The **retina** presents for consideration three layers of superimposed nervous elements: (1) the visual cells, (2) the bipolar cells, and (3) the ganglion cells (Fig. 186). These, with some horizontally arranged association neurons and supporting elements, form the nervous portion of the retina and are derived from the inner layer of the optic cup. The pigmented stratum of the retina is derived from the outer layer of the cup.



The *visual cells* are bipolar elements, whose perikarya are located in the *outer nuclear layer* (Fig. 186). Each presents an external process in the form of a *rod* or *cone*, so differentiated as to respond to photic stimulation and thus to serve as a visual receptor. The other process terminates in the *outer molecular layer* in relation to processes from the *bipolar cells*. These latter elements have their perikarya in the *inner nuclear layer* and branches in the inner and outer molecular layers. The *ganglion cells* send their dendrites into the *inner molecular layer*, where they are related to the inner branches of the bipolar cells; while the axons from the innermost stratum of the retina, the *stratum opticum*, through which they enter the optic nerve. The nerve also contains some efferent fibers which terminate in the retina (Arey, 1916). It will be apparent from Fig. 186 that the visual cells are the receptors and neurons of the first order in the optic path. The impulses are transmitted through the bipolar cells to the ganglion cells, whose axons, in turn, carry them by way of the optic nerves to the supe-

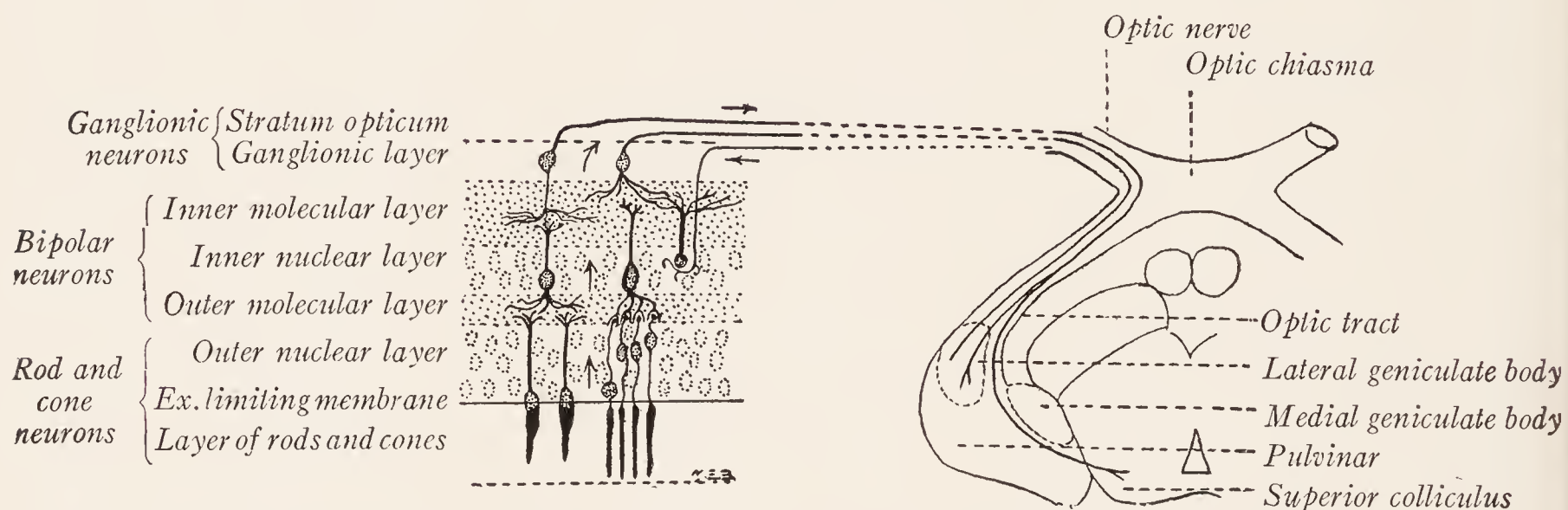


Fig. 186.—Schematic representation of the retina and the connections established by the optic nerve-fibers.

rior colliculus, pretectal region, and lateral geniculate body. The rods are more sensitive to low intensities of light and serve in twilight vision. When the light is adequate the cones are the more efficient receptors. They are responsible for sharp vision and for color discrimination. The cones alone are present in the fovea where vision is the sharpest and sensibility to color at the maximum. The part of the retina responsible for central vision is the macula lutea. It is located a little to the temporal side of the posterior pole.

**The Optic Chiasma and Optic Tracts.**—The optic nerve emerges from the bulbus oculi at the nasal side of the posterior pole and, after entering the cranium through the optic foramen, unites with its fellow of the opposite side to form the optic chiasma, in which a partial decussation of the fibers takes place (Fig. 187). Beyond the decussation fibers from both retinae are continued in each of the optic tracts. In the chiasma the fibers from the two optic nerves are so distributed that each tract receives the fibers from the lateral half of the retina of its own side and those from the medial half of the opposite retina. The optic

tract partially encircles the cerebral peduncle and runs to the *lateral geniculate body*, the *pretectal region* and to the *superior colliculus* of the corpora quadrigemina (Barris, Ingram and Ranson, 1935).

The ventral and dorsal supraoptic decussations are bundles of fibers which ascend from the brain stem and which cross the midline in close relation to the dorsal border of the optic chiasma to reach various parts of the forebrain and midbrain of the opposite side. It is now well established that the commissure of Gudden, which was supposed to unite the two medial geniculate bodies, does not exist (Magoun and Ranson, 1942).

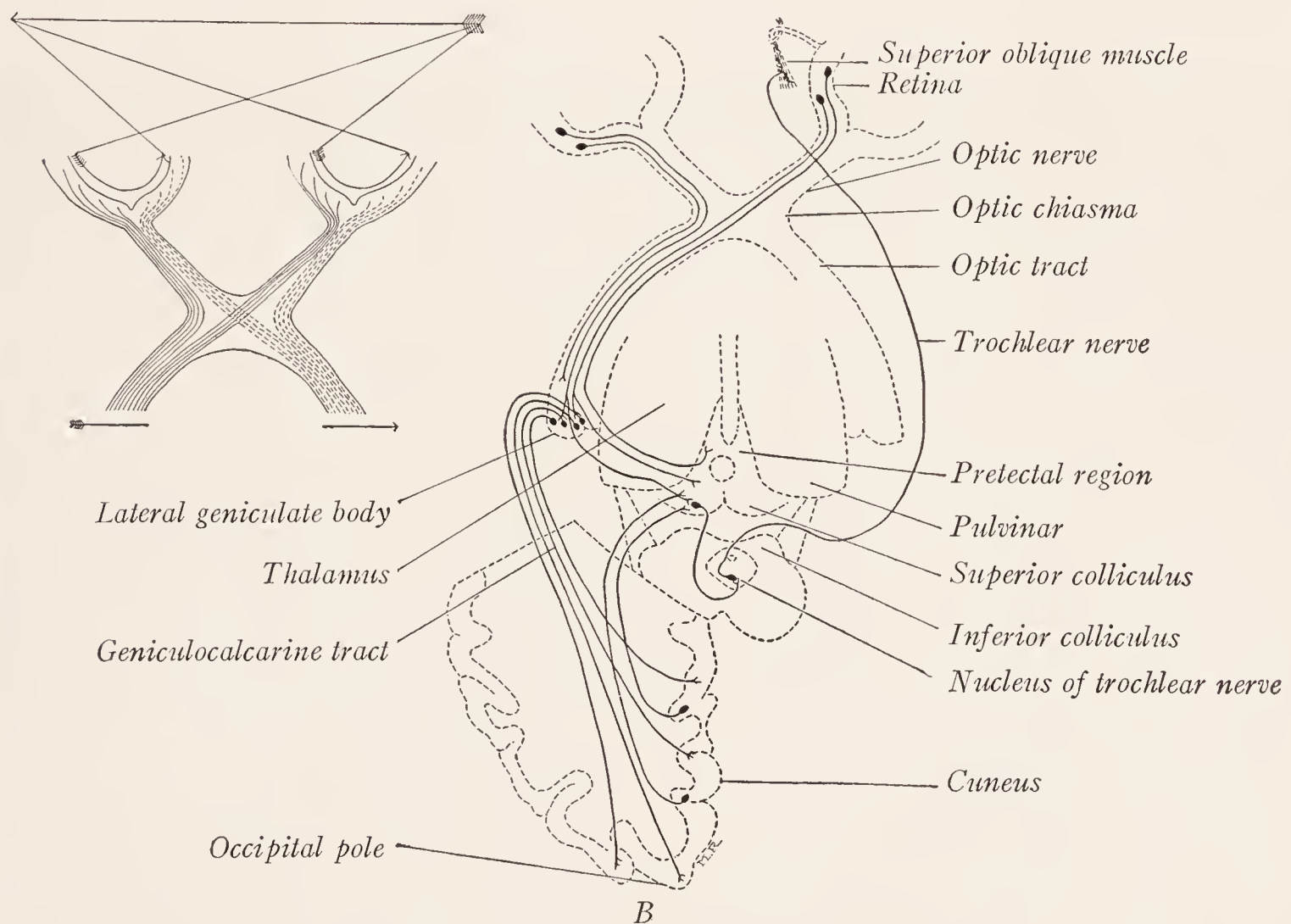


Fig. 187.—*A*, Diagram showing why destruction of one optic tract causes blindness in both eyes for the opposite lateral half of the field of vision. *B*, Schematic representation of the optic pathways.

The *pretectal region* is the zone of transition between the thalamus and tectum. It is situated lateral to the posterior commissure and rostral to the superior colliculus. The optic fibers which subserve the pupillary light reflex enter it and bilateral lesions of this part of the brain abolish the reflex (Ranson and Magoun, 1933; Magoun and Ranson, 1935). The *superior colliculus* is not concerned with pupillary reactions but is responsible for somatic optic reflexes, such as movements of the head and eyes in response to visual stimuli.

There never was any satisfactory evidence to show that the superior colliculus is in any way concerned with pupillary constriction. Since the pretectal region mediates the pupillary light reflex in the cat and monkey there is every reason to believe that it does so in man. Perhaps in man part of the pretectal region may underlie the rostral border of the superior



colliculus (Kappers, Huber and Crosby, 1936), but this would not justify the statement that in man the superior colliculus mediates the pupillary light reflex. In the monkey it is known that this reflex is mediated through the pretectal region (Magoun, Atlas, Hare and Ranson, 1936).

**The Geniculocalcarine Tract.**—The lateral geniculate body receives impulses from the retina by way of the optic nerve and relays them to the cerebral cortex where they give rise to visual sensations. It is connected with the striate area or visual cortex (Fig. 246) by the geniculocalcarine tract. Many of the fibers of this bundle are at first directed forward and lateralward from the lateral gen-

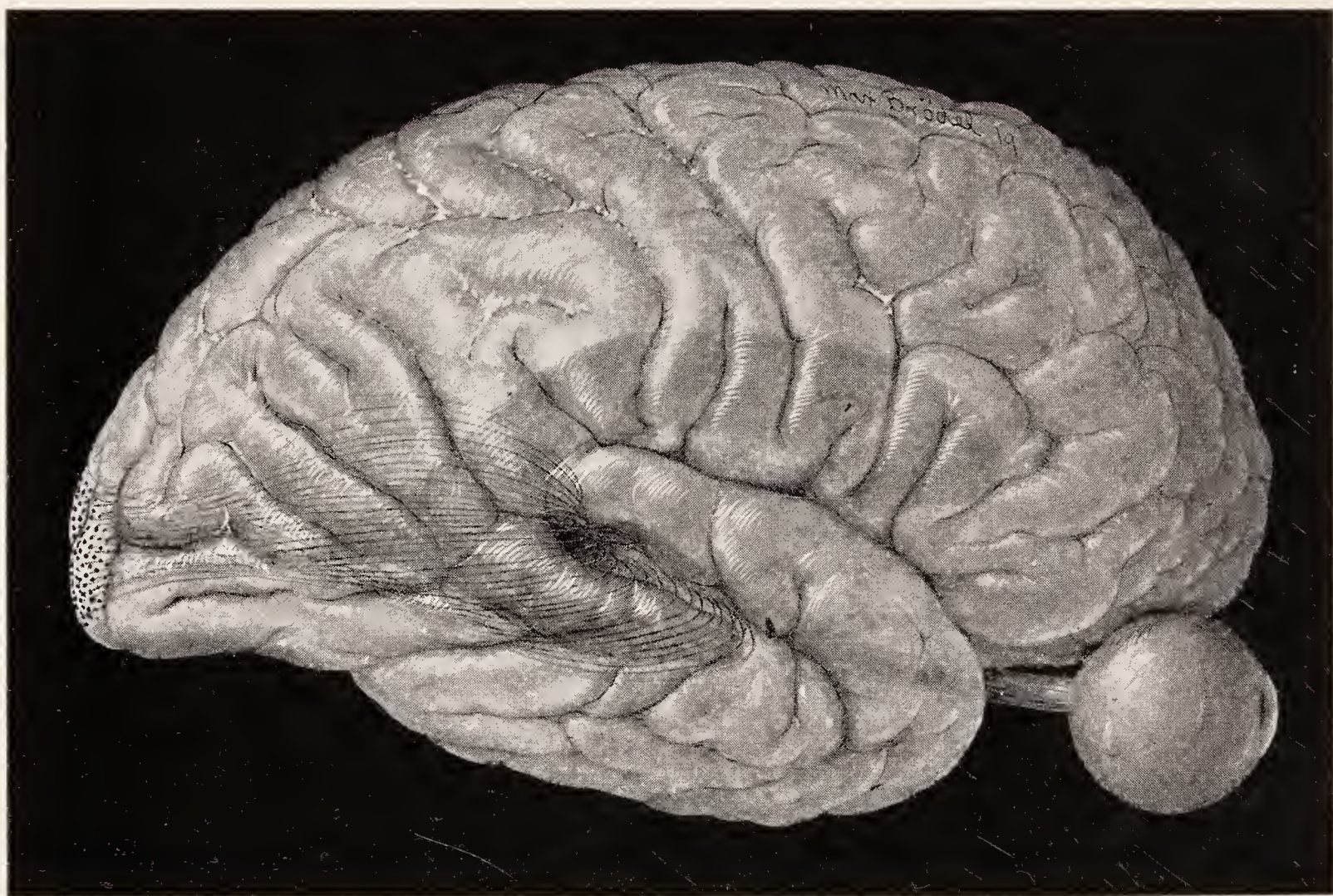


Fig. 188.—The geniculocalcarine tract. The bundles which arch upward and backward around the lateral ventricle above the level of its posterior horn do not belong to this tract. (Cushing.)

iculate body above the inferior horn of the lateral ventricle, and then, bending lateralward through the sublenticular part of the internal capsule and finally backward, they run through the external sagittal stratum of the temporal and occipital lobes to the striate area of the occipital cortex (Figs. 188, 377–379). The internal sagittal stratum was formerly thought to contain visual fibers and was often designated as the optic radiation. But it is now known that the geniculocalcarine fasciculus contains all of the visual fibers and that this bundle occupies the external sagittal stratum (Brouwer, 1926; Putnam, 1926; Rioch, 1929; Poliak, 1932; Barris, Ingram, and Ranson, 1935).

**Hemianopsia.**—The significance of the partial decussation in the chiasma is made clear by Figs. 187, 189, 190. The properties of the refracting media of the



eyes are such that images of objects to the right of the axis of vision are produced on the nasal side of the right retina and the temporal side of the left retina. And, due to the manner of decussation of the optic nerve-fibers, impulses from both these sources reach the visual area of the left cortex. In the same way the visual cortex of the right side receives impressions from objects to the left of the axis of vision. That is to say, the sensory representation of the outer world in the cerebral cortex is contralateral in the case of sight just as it is in the case of

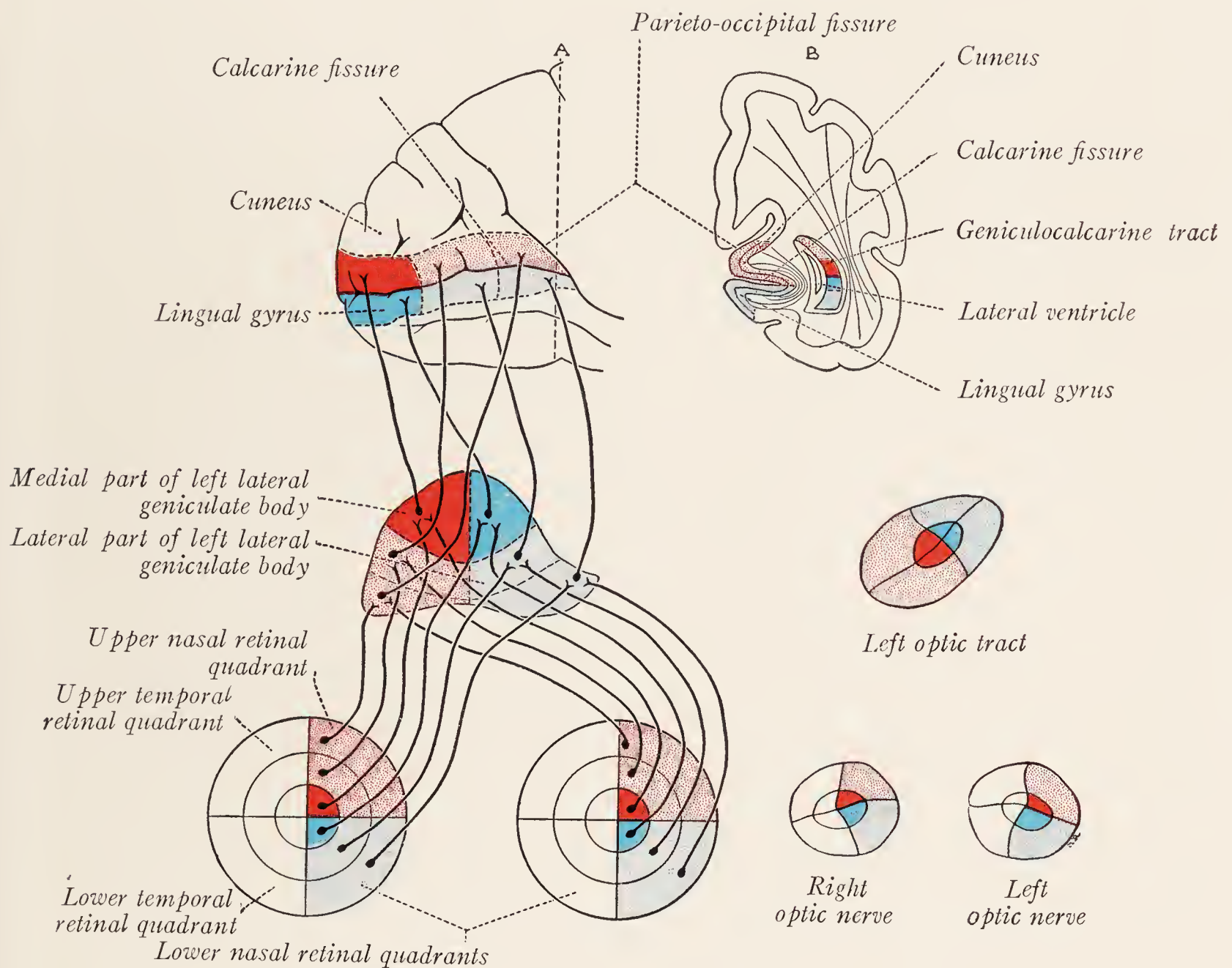


Fig. 189.—Diagram of the optic pathway showing the course of visual impulses from the left halves of both retinæ through the left lateral geniculate body to the visual cortex of the left hemisphere. *A*, Line representing plane along which section *B* was cut. (Redrawn after Rasmussen: *The Principal Nervous Pathways*. The Macmillan Company.)

cutaneous sensations. Furthermore, it will be evident that, while destruction of one optic nerve causes total blindness in the corresponding eye, destruction of one optic tract, lateral geniculate body, or geniculocalcarine fasciculus, or the visual cortex of one hemisphere will produce blindness in both eyes for the opposite lateral half of the field of vision.

The course of impulses from the retinal quadrants to the visual cortex and their distribution within it is shown in Fig. 189. The left lateral geniculate body is illustrated receiving fibers from the left sides of both retinæ and sending fibers



to the visual cortex of the left hemisphere. From the upper nasal quadrant of the right retina and the upper temporal quadrant of the left retina fibers go to the medial part of the left lateral geniculate body and from there fibers go to the upper part of the left visual cortex. From the lower nasal quadrant of the right retina and the lower temporal quadrant of the left retina, fibers go to the lateral part of the left lateral geniculate body and from there fibers go to the lower part of the left visual cortex. These statements hold for the macular as

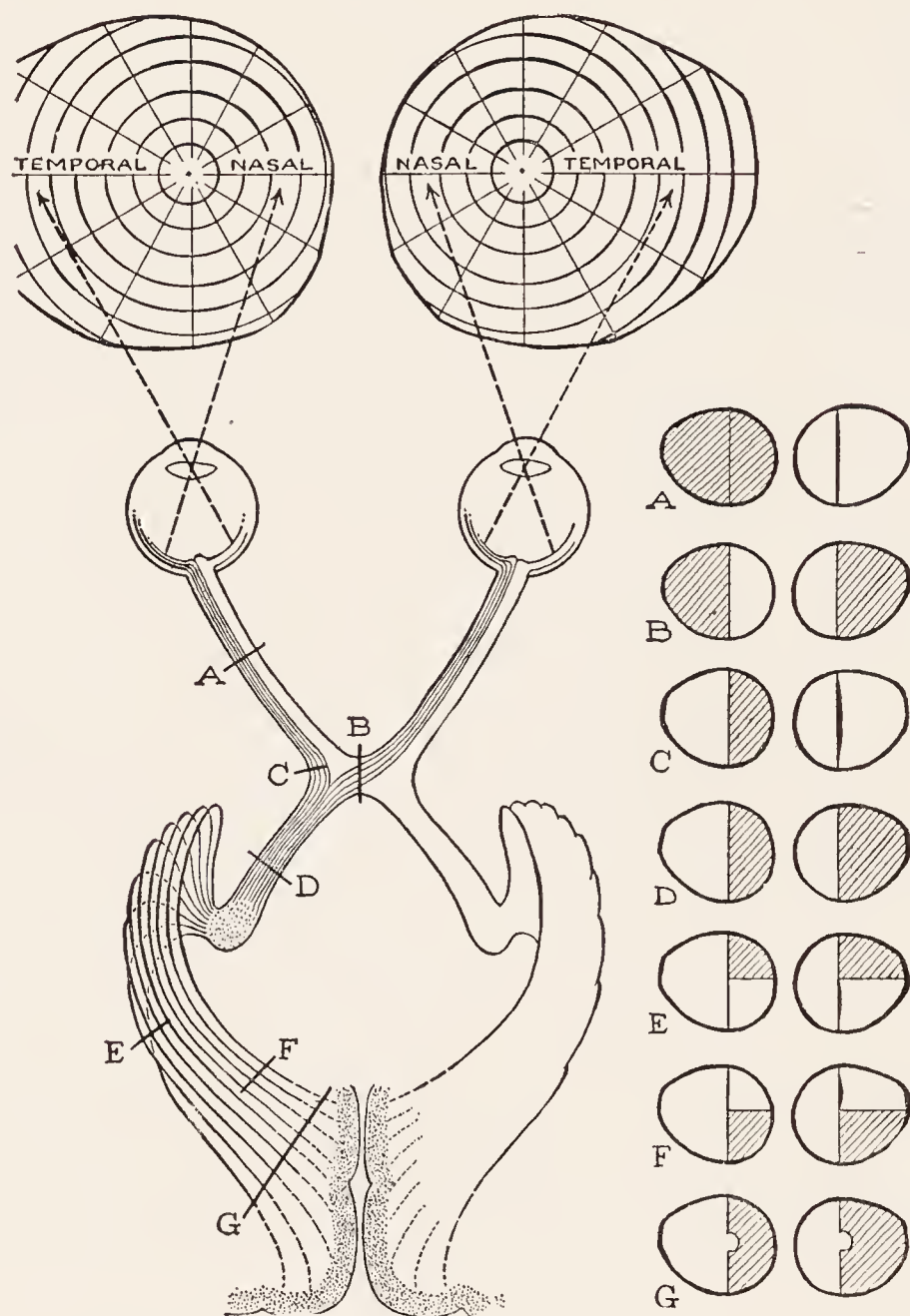


Fig. 190.—Diagram showing the effects on the fields of vision produced by lesions at various points along the optic pathway. *A*, Complete blindness in left eye; *B*, bitemporal hemianopsia; *C*, nasal hemianopsia of left eye; *D*, right homonymous hemianopsia; *E* and *F*, right upper and lower quadrant hemianopsias; *G*, right homonymous hemianopsia with preservation of central vision. (Homans: A Textbook of Surgery. C. C. Thomas.)

well as the peripheral portions of the retinal quadrants. The fibers from the upper quadrants occupy the upper part of the cross-section of the optic nerve, but in passing through the optic chiasma they undergo a partial rotation so that within the optic tract they lie medially and inferiorly.

In the visual cortex and in the geniculocalcarine tract, as the fibers pass back through the temporal lobe and into the occipital lobe, the representation of the upper quadrants lies above that for the lower quadrants. The fibers from the maculae occupy central positions within the optic nerves and optic tracts. They

end in the superior and posterior part of the lateral geniculate body, whence the impulses from the maculæ are relayed to the posterior part of the visual cortex.

Loss of vision for one half of the visual field is known as hemianopsia. In Fig. 190 there is illustrated the effect upon the fields of vision produced by lesions at various points along the optic pathway. Complete blindness in the left eye is caused by interruption of the left optic nerve (*A*). Bitemporal hemianopsia, blindness in the temporal halves of the fields of vision of both eyes, results from interruption of the fibers crossing in the optic chiasma and is sometimes caused by pituitary tumors (*B*). Blindness in the nasal half of the field of vision (nasal hemianopsia) can be produced in one eye by damage to the corresponding side of the chiasma (*C*). Right homonymous hemianopsia, blindness in the right halves of both visual fields results from interruption of the left optic tract or left geniculocalcarine fasciculus (*D*). A lesion in the lower part of the left geniculocalcarine tract produces blindness in both right upper quadrants (*E*); and one in the upper part of the same tract causes blindness in both right lower quadrants (*F*). Right homonymous hemianopsia with preservation of macular vision may result from large cortical lesions in the striate area of the left hemisphere (*G*).

For some reason, not well understood, in hemianopsia from cortical lesions macular vision is often spared. Lesions in the temporal lobe often involve the geniculocalcarine tract as they bend around the inferior horn of the lateral ventricle (Fig. 188).



## CHAPTER XVI

### THE EXTERNAL CONFIGURATION OF THE CEREBRAL HEMISPHERES

**Development.**—The *cerebral hemispheres* are formed by the evagination of the lateral walls of the telencephalon, the rest of which remains as the boundary of the rostral part of the third ventricle, and is known as the *telencephalon medium*. The cavities of the evaginated portions are known as the *lateral ventricles* and communicate with the third ventricle by way of the interventricular foramina (Figs. 14–16). Each of the cerebral hemispheres consists of two ventrally placed portions, the *rhinencephalon* or olfactory lobe and the *corpus striatum*, and a third part, more extensive than the others, the *pallium* or primitive cerebral cortex. The pallium expands more rapidly than the other parts, both rostrally and caudally, and comes to overlies the diencephalon, from which it is separated by the transverse fissure (Fig. 16). The fold of pia mater which is inclosed within this fissure is known as the *tela chorioidea*; and from it a vascular plexus grows into the lateral ventricle through the thin portion of the medial wall of the hemisphere, where this is attached to the diencephalon. This forms the *chorioid plexus* of the lateral ventricle and carries before it an epithelial covering from the ependymal lining, by which it is, in reality, excluded from the ventricular cavity. This invagination of the medial wall of the hemisphere produces the *chorioid fissure*. Ventrally the thickened part of the hemisphere, known as the *corpus striatum*, remains in uninterrupted continuity with the thalamus.

At first the *cerebral hemisphere* has a relatively large cavity and thin walls. As the pallium and ventricle enlarge they become bent around the thalamus and corpus striatum (Fig. 16). The hemisphere becomes bean shaped and expands rostrally to form the *frontal lobe*, caudally to form the *occipital lobe*, and ventrolaterally to form the *temporal lobe* (Fig. 191). Into each of these there is carried a prolongation of the lateral ventricle forming respectively the *anterior*, *posterior*, and *inferior horns*. Between the temporal and frontal lobes a deep fossa appears which is the forerunner of the lateral fissure. At the bottom of this fossa is the *insula*, a portion of the cortex which overlies the corpus striatum and develops more slowly than the surrounding areas (labelled lateral fissure Fig. 191). Folds from the surrounding cortex close in over the insula, burying it from sight in the adult brain. These folds are known as the *opercula*, and the deep cleft which separates them as the *lateral fissure*.

**Development of the Cerebral Cortex.**—At first the pallium, like other parts of the neural tube, consists of three primitive zones: the ependymal, mantle, and marginal layers. But during the third month neuroblasts migrate outward



from the ependymal and mantle layers into the marginal zone and there give rise to a superficial layer of gray matter—the cerebral cortex. Nerve-fibers from these neuroblasts and others growing into the hemisphere from the thalamus accumulate on the deep surface of the developing cortex and form the white medullary substance of the hemisphere. As the brain increases in size the area of the cortex expands out of proportion to the increase in volume of the white medullary layer upon which it rests, and is thrown into folds or gyri separated by fissures or sulci. All the larger mammalian brains present well-developed gyri, while the smaller brains are smooth; and it would thus appear that the size of the brain is an important factor in determining the amount of folding that occurs in the cortex.

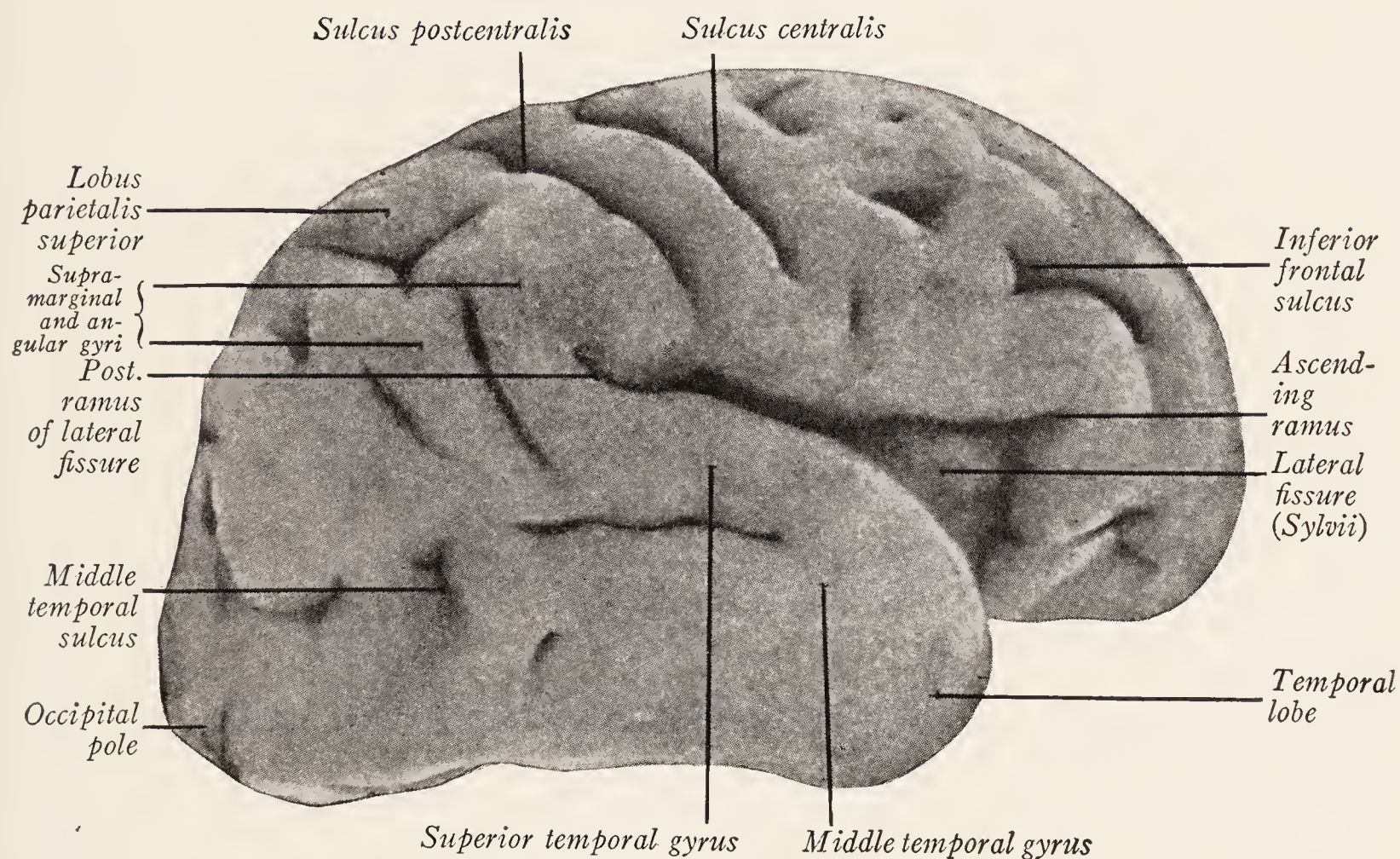


Fig. 191.—Lateral view of the right cerebral hemisphere from a seven months' fetus. (Kollmann.)

As we shall learn, the cortex does not differentiate in exactly the same manner throughout, but may be subdivided into structurally and functionally distinct areas. The sulci develop in more or less definite relation to these areas, the great majority making their appearance along the boundary lines between them. These are known as *terminal sulci*, of which the rhinal fissure and central sulcus are examples. Sometimes the folding occurs entirely within such an area, *i. e.*, along its axis, producing what is known as an *axial sulcus*. But there are still others in which the relation to these functional areas is not so evident. The arrangement of the fissures and sulci in a seven months' fetus is shown in Fig. 191.

**The Development of the Septum and Commissures.**—The two hemispheres are connected by the *lamina terminalis*, which serves as a bridge for fibers which cross from one hemisphere to the other. These form three important bundles:



the *anterior commissure*, the *hippocampal commissure*, and the *corpus callosum*. The two former connect the olfactory portions of the hemispheres, while the latter is the great commissure of the non-olfactory cortex or neopallium.

Everyone admits that the anterior commissure develops in the lamina terminalis (Fig. 192); and the corpus callosum and hippocampal commissures are said to form in its dorsal part (Streeter, 1912). According to this account the lamina terminalis becomes stretched by the great development of the corpus callosum and appropriates part of the paraterminal body. This is the portion of the rhinencephalon that lies immediately rostral to the lamina terminalis in the medial wall of each hemisphere. Eventually the lamina terminalis presents a large cut surface in the median sagittal section and includes the commissures as well as the septum pellucidum. The portion of the lamina terminalis which

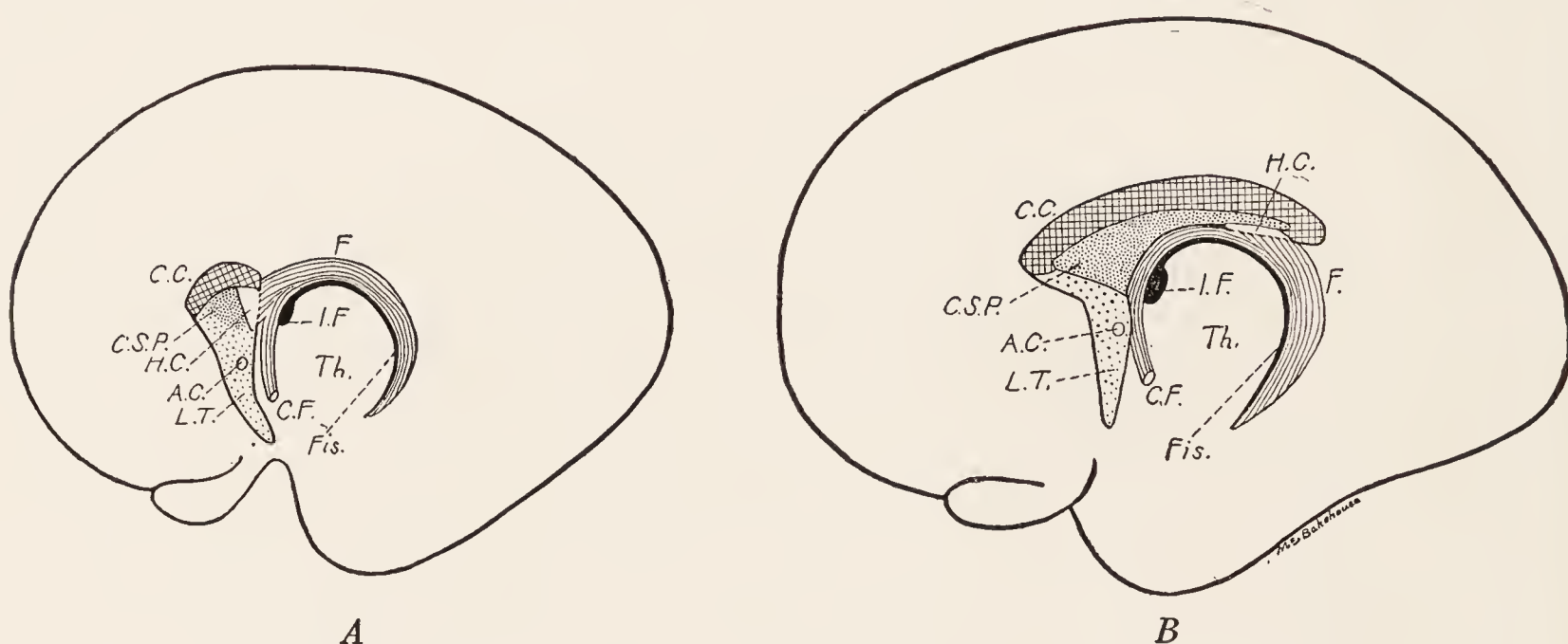


Fig. 192.—Schematic representation of the development of the septum pellucidum and telencephalic commissures: *A.* C., Anterior commissure; *C. C.*, corpus callosum; *C. F.*, columna fornicis; *C. S. P.*, cavum septi pellucidi; *F.*, fornix; *H. C.*, hippocampal commissure; *I. F.*, inter-ventricular foramen; *Fis.*, chorioid fissure; *L. T.*, lamina terminalis. (Based on drawings of models of the telencephalon of a four months' fetus (*A*) and of a five months' fetus (*B*) by Streeter.)

enters into the formation of the septum becomes hollow as a result of the stretching to which it is subjected, and the resulting cavity is known as the *cavum septi pellucidi*.

The **cerebral hemispheres** are incompletely separated from each other by the *longitudinal fissure* of the cerebrum, at the bottom of which lies a broad band of commissural fibers, the *corpus callosum*, which forms the chief bond of union between them. Each hemisphere has three surfaces: a convex *dorsolateral surface* (Fig. 193), a *median surface* flattened against the opposite hemisphere (Fig. 197), and a very irregular ventral or *basal surface*. A *dorsal border* separates the dorsolateral from the medial surface; and a *lateral border* marks the transition between the dorsolateral and basal surfaces. One may recognize also *frontal*, *occipital*, and *temporal poles* (Fig. 193). The long axis of the hemisphere extends between the frontal and occipital poles, and in man is placed almost at right angles to the long axis of the body (Fig. 39); while in other mammals it corresponds more nearly to the body axis. On this account it will be



convenient in the description of the human cerebral hemisphere to take the occiput as a point of reference and use the term “posterior” in place of “caudal.” Otherwise our directive terms remain the same as in the diencephalon—rostral or anterior, dorsal or superior, and ventral or inferior—except that for the term “ventral” we shall often use the word “basal.”

The **cerebral cortex** is a layer of gray matter spread over the surface of the hemisphere; and its area is greatly increased by the occurrence of folds or gyri separated by deep sulci. That part of the cortex which belongs to the rhinencephalon and is phylogenetically the oldest is designated as the archipallium.

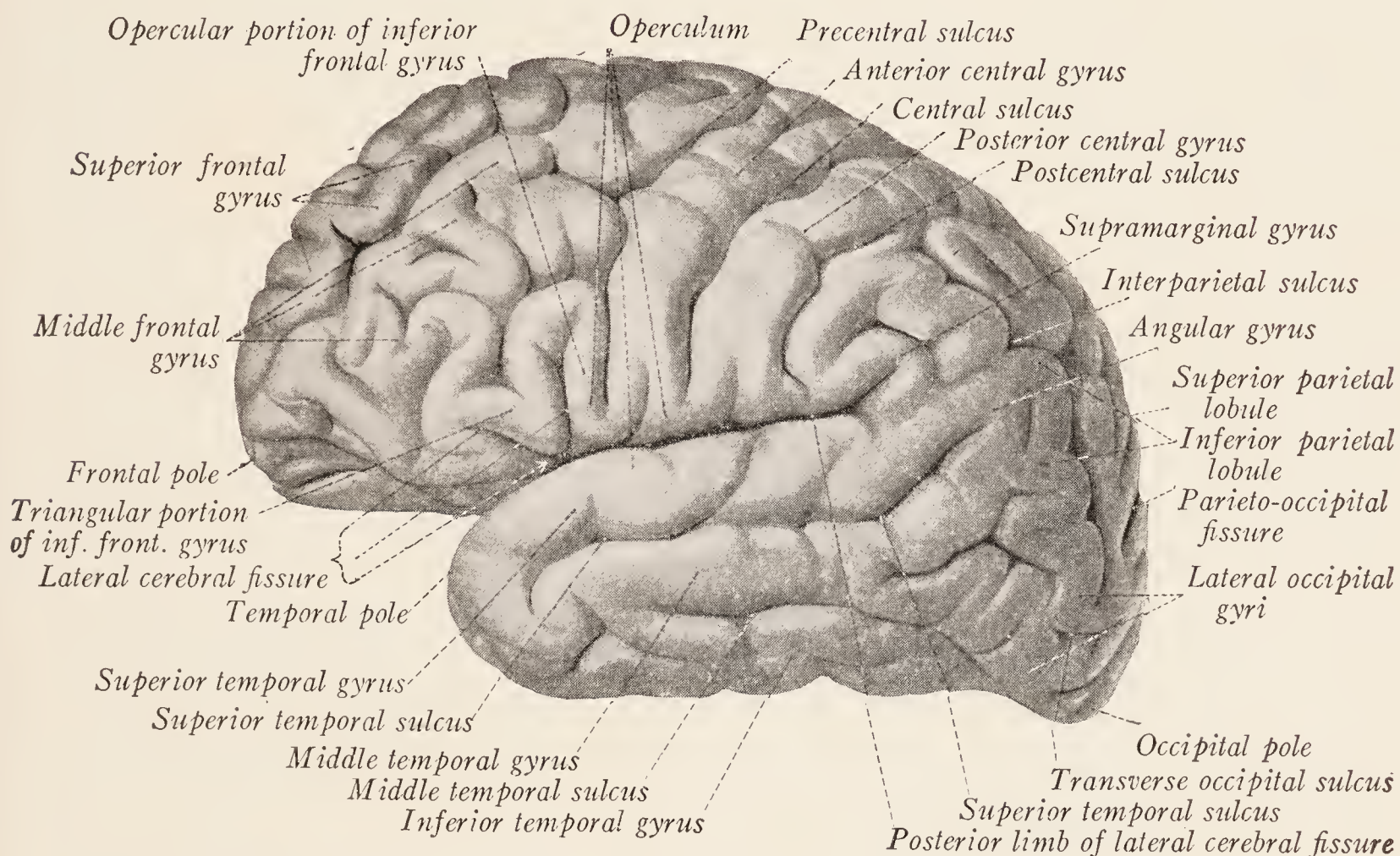


Fig. 193.—Lateral view of the human cerebral hemisphere. (Sobotta-McMurrich.)

It is separated from the newer and in mammals much larger neopallium or non-olfactory cortex by the *rhinal fissure* (Fig. 198).

#### THE DORSOLATERAL SURFACE OF THE HEMISPHERE

By means of some of the more important sulci the cortex is marked off into well-defined areas, known as the *frontal*, *parietal*, *temporal*, and *occipital lobes* (Fig. 194). To these should be added a lobe buried at the bottom of the lateral fissure and known as the *insula* (Fig. 196). In the delimitation of these lobes the *lateral fissure* and the *central sulcus* play a prominent part. Some of the more important sulci are designated as fissures. This usage is regulated by custom, but it may be said that a number of the fissures are invaginations of the entire thickness of the wall of the hemisphere and produce corresponding elevations projecting into the lateral ventricle.



The **lateral cerebral fissure**, or fissure of Sylvius, begins on the basal surface of the brain as a deep cleft lateral to the anterior perforated substance (Fig. 199). From this point it extends lateralward between the temporal and frontal lobes to the lateral aspect of the brain, where it divides into three branches (Figs. 193, 194). The *anterior horizontal ramus* of the lateral fissure runs rostrally and the *anterior ascending ramus* dorsally into the frontal lobe. The *posterior ramus* of the lateral fissure is much longer, and runs obliquely toward the occiput and at the same time somewhat dorsally. The terminal part turns dorsally into the parietal lobe. This fissure is, in reality, a deep fossa, at the bottom of which lies the insula. It separates the frontal and parietal lobes, which lie dorsal to it, from the temporal lobe.

The **central sulcus** or fissure of Rolando runs obliquely across the dorsolateral surface of the hemisphere, separating the frontal from the parietal lobe (Figs. 193, 194). It begins on the medial surface of the hemisphere a little behind the

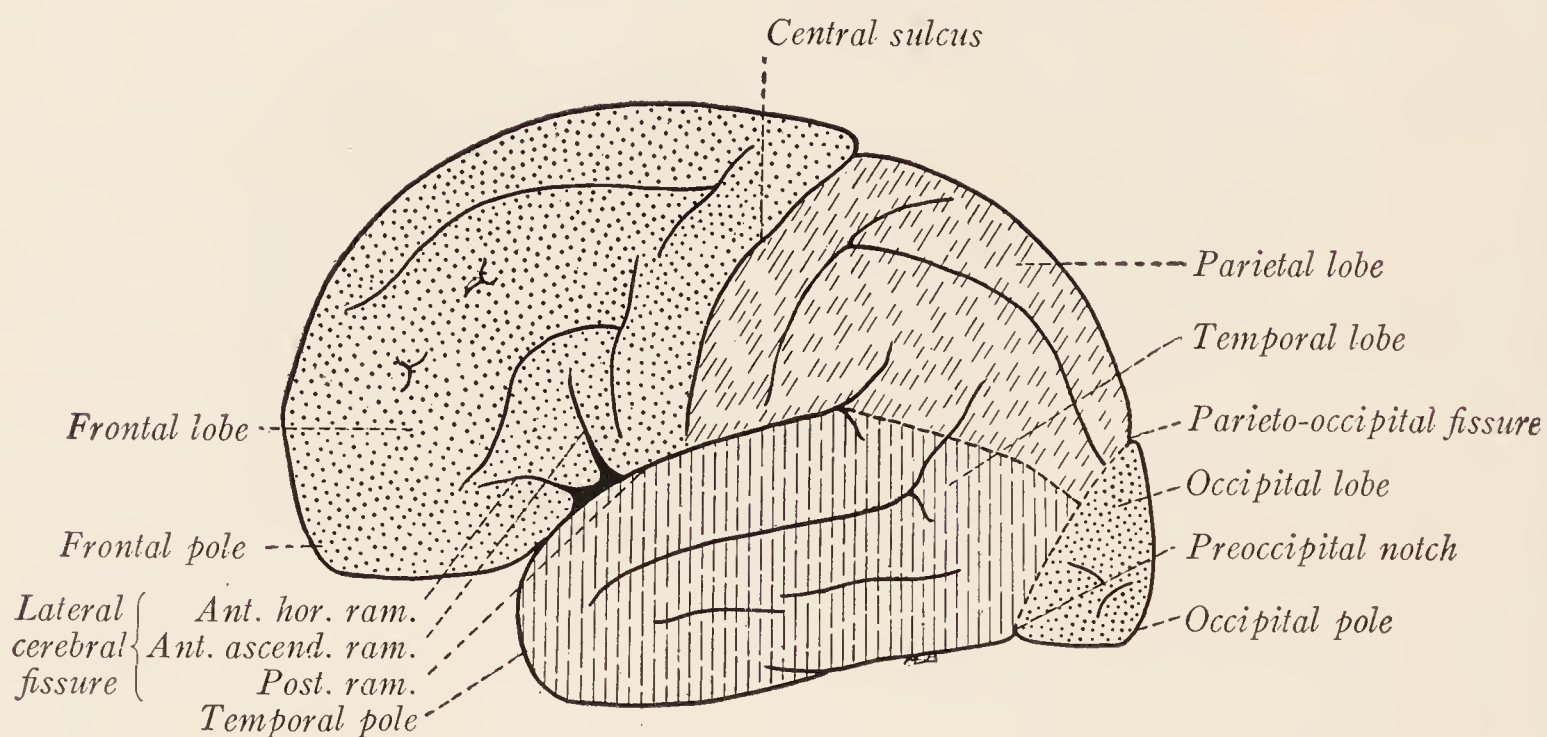


Fig. 194.—Diagram of the lobes on the lateral aspect of the human cerebral hemisphere.

middle of the dorsal border and extends in a sinuous course rostrally and toward the base, nearly reaching the posterior ramus of the lateral fissure. It makes an angle of about 70 degrees with the dorsal border. It is customary to recognize two knee-like bends in this sulcus; one located at the junction of the dorsal and middle thirds with concavity forward, and the other at the junction of the middle and basal thirds with concavity backward. If the margins of the sulcus are pressed apart a deep annectant gyrus may often be seen extending across it, by which the continuity of the sulcus is to some extent interrupted. This is explained by the fact that the sulcus usually develops in two pieces, which become united as the depth of the sulcus increases.

**Lobes.**—The *frontal lobe* lies dorsal to the lateral cerebral fissure and rostral to the central sulcus (Fig. 194). The remainder of the dorsolateral surface is subdivided rather arbitrarily into the parietal, occipital, and temporal lobes. The rostral border of the *occipital lobe* is usually placed at a line joining the end

of the parieto-occipital fissure with the preoccipital notch. The latter is a slight indentation on the lateral border of the hemisphere about 4 cm. rostral to the occipital pole, while the parieto-occipital fissure is a deep cleft on the median surface (Fig. 197), which cuts through the dorsal border about midway between the occipital pole and the central sulcus, but a little nearer the former. The *parietal lobe* is situated between the central sulcus and the imaginary line joining the parieto-occipital fissure with the preoccipital notch. It lies dorsal to the lateral fissure and to an imaginary line connecting that fissure with the middle of the preceding line. The remainder of the dorsolateral surface belongs to the *temporal lobe*.

**The Frontal Lobe.**—The rostral part of the hemisphere is formed by the frontal lobe. Within it one may identify three chief sulci, which are, however,

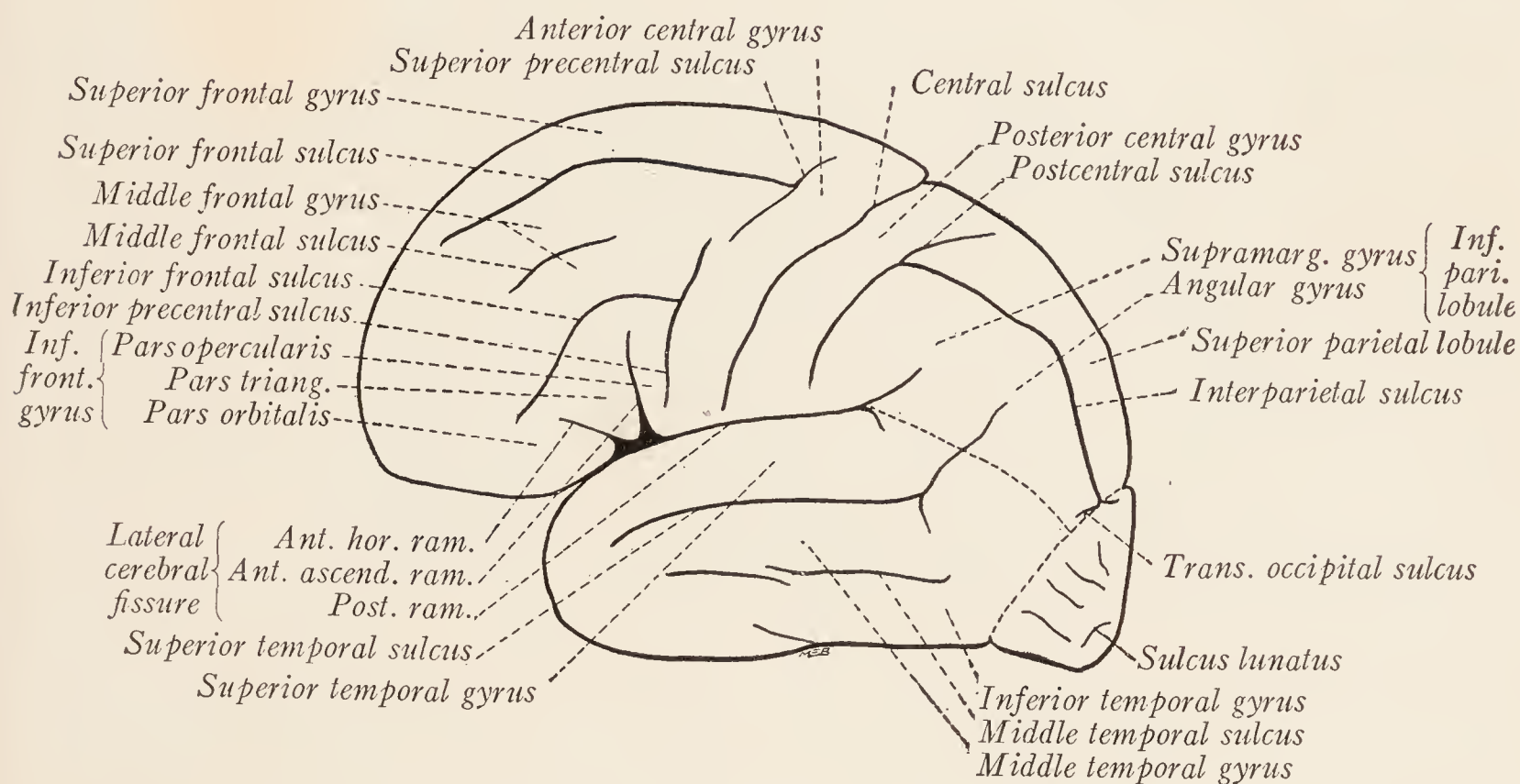


Fig. 195.—Sulci and gyri on the lateral aspect of the human cerebral hemisphere.

subject to considerable variation. The *precentral sulcus* is more or less parallel with the central sulcus and is often subdivided into two parts, the superior and inferior precentral sulci (Fig. 195). The *superior frontal sulcus* usually begins in the superior precentral sulcus and runs rostrally, following in a general way the curvature of the dorsal border of the hemisphere which it gradually approaches. The *inferior frontal sulcus* usually begins in the inferior precentral sulcus and extends rostrally, arching at the same time toward the base of the hemisphere.

Between the precentral and central sulci lies the *anterior central gyrus* in which is found the motor area of the cerebral cortex. The remainder of this surface of the frontal lobe is composed of three convolutions, the *superior*, *middle*, and *inferior frontal gyri*, separated from each other by the *superior* and *inferior frontal sulci*. The inferior frontal gyrus, which in the left hemisphere is also known as Broca's convolution, is subdivided by the two anterior rami of the



lateral sulcus into three parts, known as the orbital, triangular, and opercular portions. The *orbital part of the inferior frontal gyrus* lies rostral to the anterior horizontal ramus of the lateral sulcus; the *triangular* part is a wedge-shaped convolution between the two anterior rami of that fissure; while the *opercular portion* lies in the frontal operculum between the precentral sulcus and the anterior ascending ramus of the lateral fissure.

**The Temporal Lobe.**—Ventral to the lateral fissure is the long tongue-shaped temporal lobe which terminates rostrally in the temporal pole. The *superior temporal sulcus* is a very constant fissure, which begins near the temporal pole and runs nearly parallel with the lateral cerebral fissure. Its terminal part turns dorsally into the parietal lobe. The *middle temporal sulcus*, ventral to the preceding and in general parallel with it, is usually composed of two or more disconnected parts. The *inferior temporal sulcus* is located for the most part on the basal surface of the temporal lobe. Dorsal to each of these fissures is a gyrus which bears a similar name: the *superior temporal gyrus*, between the lateral fissure and the superior temporal sulcus; the *middle temporal gyrus*, between the superior and middle temporal sulci; and the *inferior temporal gyrus*, between the middle and inferior temporal sulci. The lateral fissure is very deep; and the surface of the superior temporal gyrus that bounds it is broad and marked near its posterior extremity by horizontal convolutions, known as the transverse temporal gyri. One of these, more marked than the others, has been called the *anterior transverse temporal gyrus* or Heschl's convolution and represents the cortical center for hearing (Fig. 200).

**The Parietal Lobe.**—The *postcentral sulcus* runs nearly parallel with the central sulcus and consists of two parts, the *superior* and *inferior postcentral sulci*, which may unite with each other or with the *interparietal sulcus*. Often all three are continuous, forming a complicated fissure, as shown in Fig. 195. The interparietal sulcus extends in an arched course toward the occiput and may end in the *transverse occipital sulcus*. These four sulci are often included under the term "interparietal sulcus." The interparietal sulcus proper is then designated as the horizontal ramus.

The *posterior central gyrus* lies between the central and postcentral sulci. The interparietal sulcus separates the *superior parietal lobule* from the *inferior parietal lobule*. Within the latter there are to be seen two convolutions: the *supramarginal gyrus*, which curves around the upturned end of the lateral fissure; and the *angular gyrus*, similarly related to the terminal ascending portion of the superior temporal fissure.

**The Occipital Lobe.**—Only a small part of the dorsolateral surface of the hemisphere is formed by the occipital lobe. This is a triangular area at the occipital extremity, bounded rostrally by a line joining the parieto-occipital fissure and the preoccipital notch (Fig. 194). The transverse occipital sulcus may help to bound this area or may lie within it. Other inconstant sulci help to divide it into irregular convolutions. Sometimes the visual area which lies on the mesial



aspect of this lobe is prolonged over the occipital pole to the lateral aspect. In this case a small semilunar furrow develops around it on the lateral surface and is known as the *sulcus lunatus* (Fig. 195).

**The Insula.**—The part of the cortex which overlies the corpus striatum lags behind in its development and becomes overlapped by the surrounding pallium. The cortex, which thus becomes hidden from view at the bottom of the lateral fissure, forms in the adult a somewhat conical mass called the insula or island of Reil (Fig. 196). Its base is surrounded by a limiting furrow, the *circular sulcus*, which is, however, more triangular than circular, and in which we may recognize three portions: superior, inferior, and anterior. The apex of this conical lobe is known as the *limen insulæ*; and the remainder is subdivided by an oblique

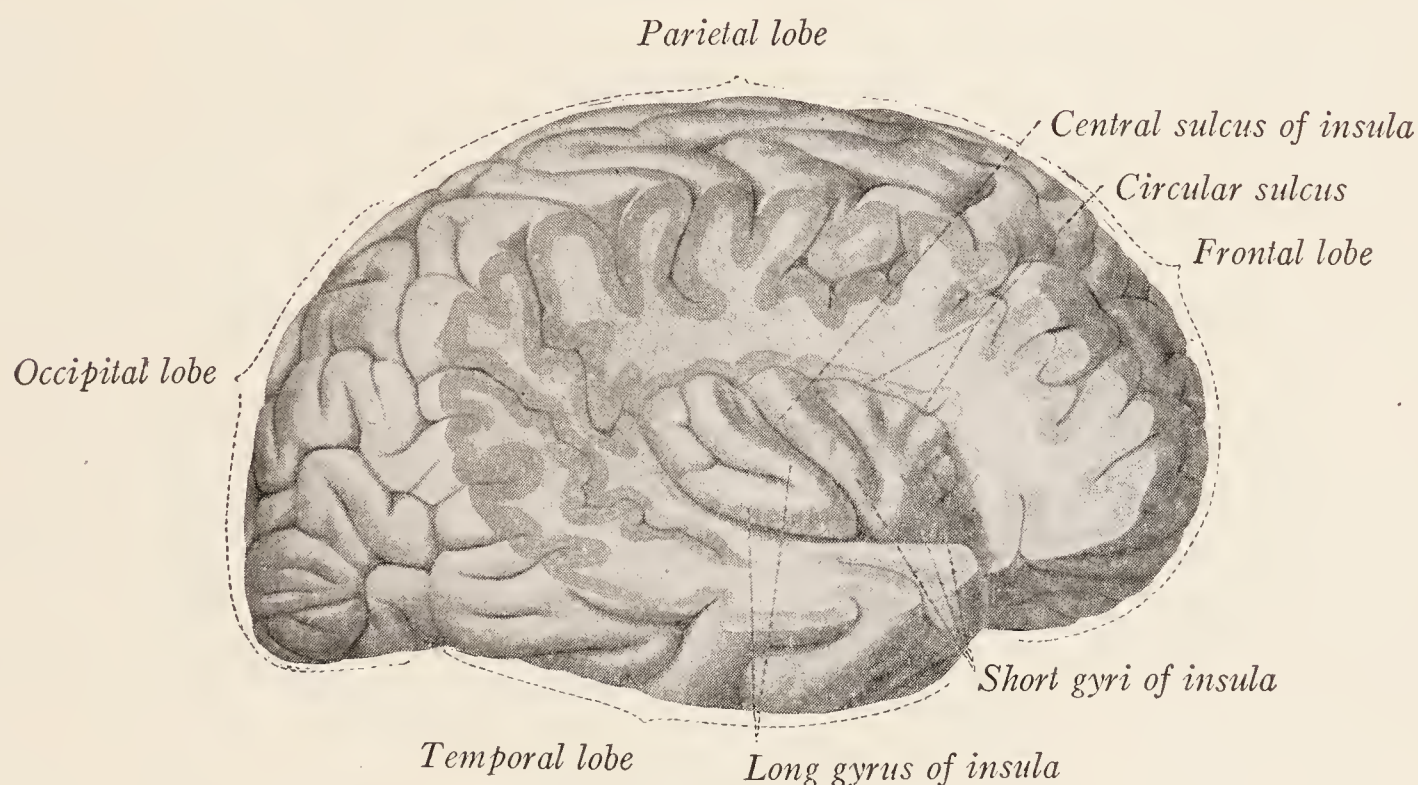


Fig. 196.—Lateral view of the human cerebral hemisphere with the insula exposed by removal of the opercula. (Sobotta-McMurrich.)

groove (*sulcus centralis insulæ*) into the long gyrus of the insula and a more rostral portion, which is again subdivided into short gyri.

**The Operculum.**—As the adjacent portions of the pallium close over the insula (Fig. 191) they form by the approximation of their margins the three rami of the lateral fissure. These folds constitute the opercula of the insula. Each of the three surrounding lobes takes part in this process; and we may accordingly recognize a *frontal*, a *temporal*, and a *parietal operculum* (Fig. 193).

#### THE MEDIAN AND BASAL SURFACES

The **occipital lobe** comes more nearly being a structural and functional entity than any of the other lobes. It corresponds in a general way to the “*regio occipitalis*” as outlined by Brodmann (Fig. 243), and it is probably all concerned directly or indirectly with visual processes. We have seen that it forms a small convex area on the lateral surface near the occipital pole; and we now



note that it is continued on to the medial surface of the hemisphere, where it forms a somewhat larger triangular field between the parieto-occipital and the anterior portion of the calcarine fissure dorsorostrally and the collateral fissure ventrally. On this aspect of the brain it includes two constant and well-defined convolutions: the *cuneus* and the *lingual gyrus* (Figs. 197, 198).

The *calcarine fissure* begins ventrally to the splenium of the corpus callosum and extends toward the occipital pole, arching at the same time somewhat dorsally. It consists of two portions. The rostral part, the calcarine fissure proper, is deeper, more constant in form and position, and phylogenetically much older than the rest, and produces the elevation on the wall of the lateral ventricle

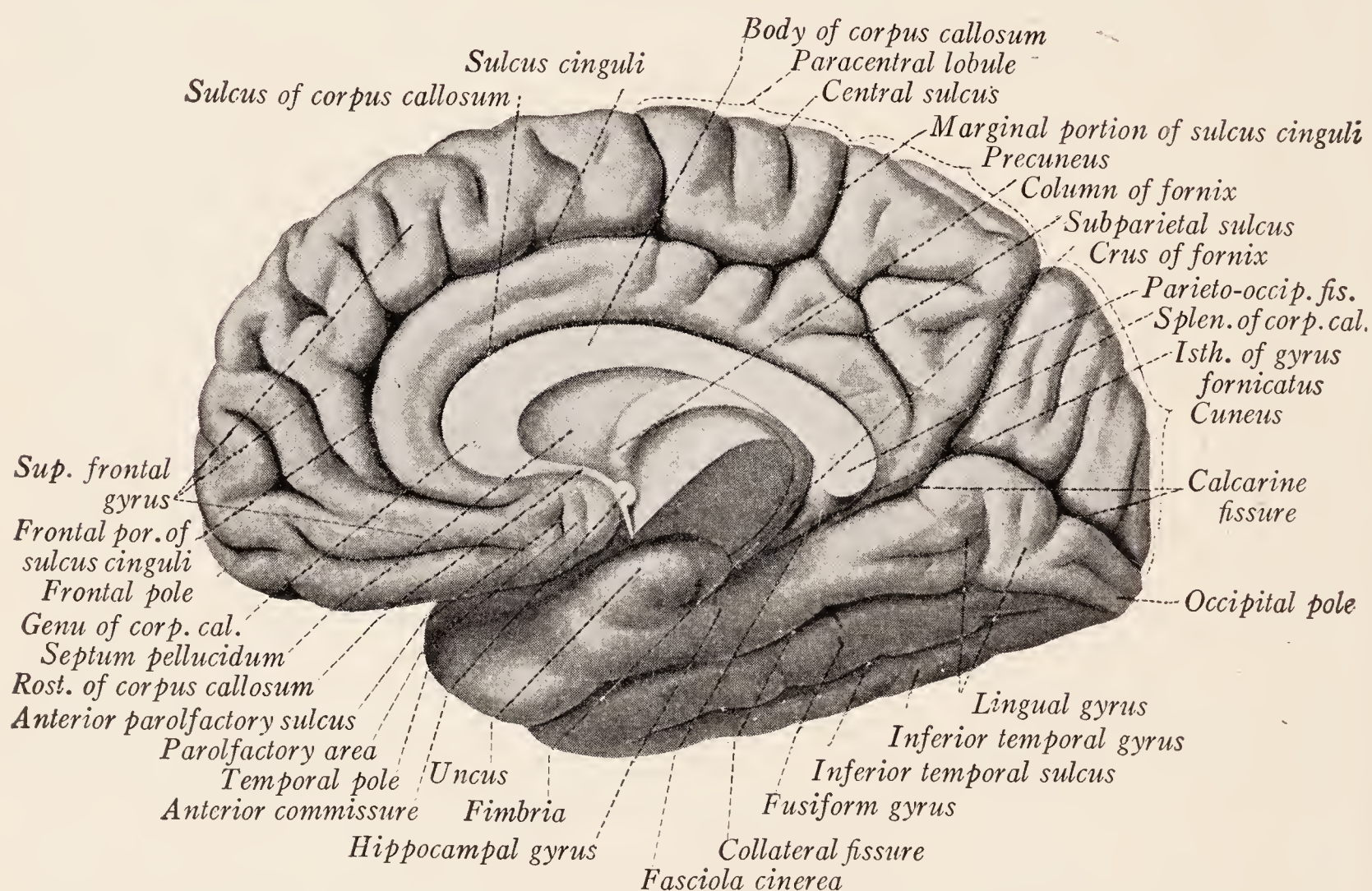


Fig. 197.—Human cerebral hemisphere seen from the medial side. The brain has been divided in the median plane and part of the thalamus has been removed along with the mesencephalon and rhombencephalon. (Sobotta-McMurrich.)

known as the *calcar avis* (Fig. 205). This part terminates at the point where the calcarine is joined by the parieto-occipital fissure. The other portion, sometimes called the “posterior calcarine sulcus,” arches downward and backward from this junction toward the occipital pole, and occasionally cuts across the border of the hemisphere to its dorsolateral surface. The *parieto-occipital fissure*, which is really a deep fossa with much buried cortex at its depth, appears to be the direct continuation of the rostral part of the calcarine fissure. It cuts through the dorsal border of the hemisphere somewhat nearer to the occipital pole than to the central sulcus. These fissures form a **Y**-shaped figure whose stem is the calcarine fissure and whose two limbs are the parieto-occipital fissure



and the "posterior calcarine sulcus." If the fissures are opened up the stem is seen to be marked off from the two limbs by buried annectant gyri.

The *cuneus* is a triangular convolution with apex directed rostrally, which lies between the diverging parieto-occipital and calcarine fissures. The rest of the medial surface of the occipital lobe belongs to the *lingual gyrus*, which lies between the calcarine and collateral fissures.

The **remaining sulci and gyri** on the median and basal surfaces may now be briefly described.

The **sulcus of the corpus callosum** (sulcus corporis callosi) begins ventrally to the rostrum of the corpus callosum, encircles that great commissure on its convex aspect, and finally bends around the splenium to become continuous with the *hippocampal fissure* (Fig. 198). The latter is a shallow groove, which runs

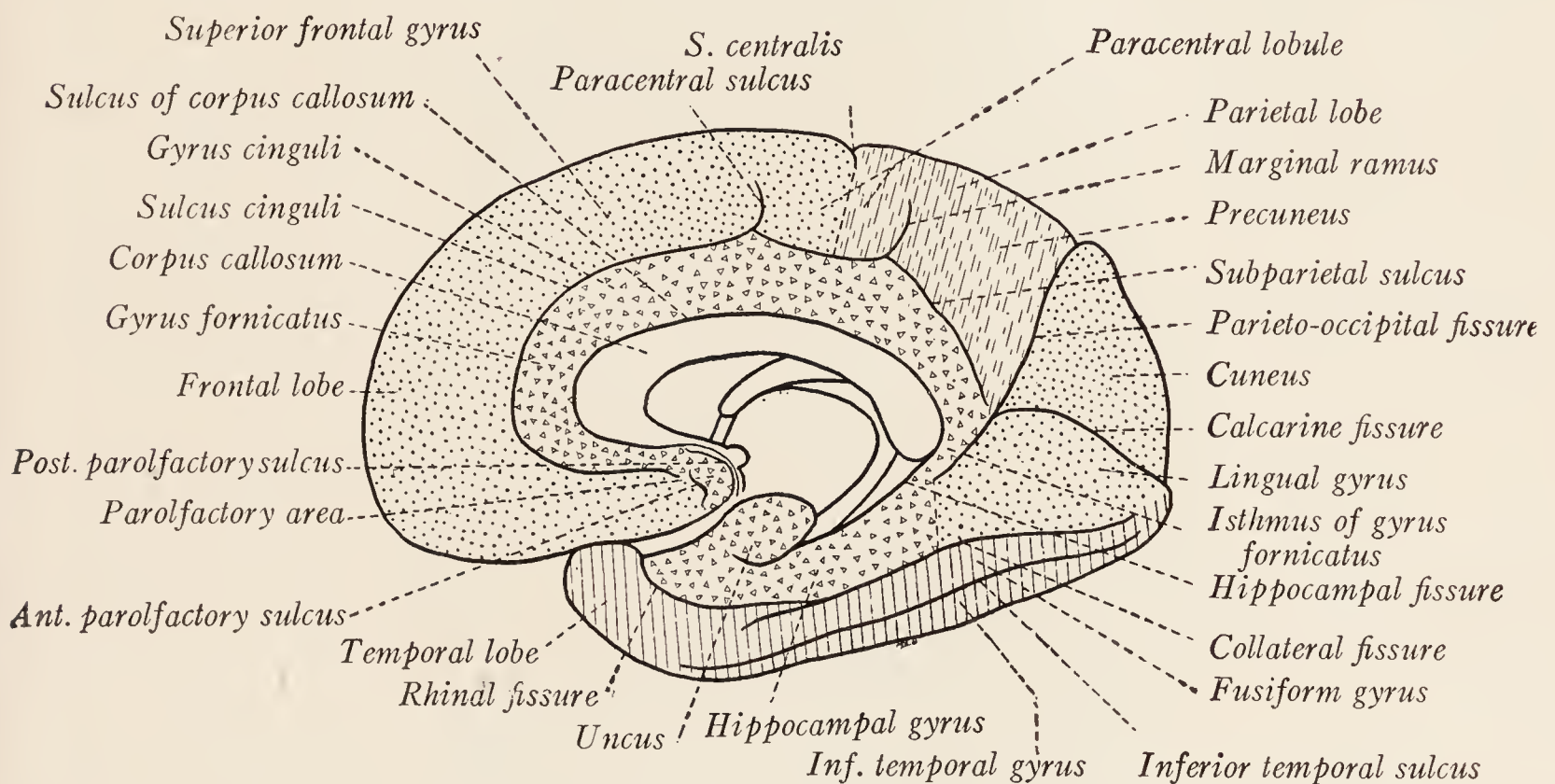


Fig. 198.—Diagram of the lobes, sulci, and gyri on the medial aspect of the human cerebral hemisphere.

from the region of the splenium of the corpus callosum toward the temporal pole near the dorsomedial border of the temporal lobe. It terminates in the bend between the hippocampal gyrus and the uncus.

The **sulcus cinguli** (callosomarginal fissure) begins some distance ventral to the rostrum of the corpus callosum and follows the arched course of the sulcus of the corpus callosum, from which it is separated by the gyrus cinguli. It terminates by dividing into two branches. One of these, the *subparietal sulcus*, continues in the direction of the sulcus cinguli and ends a short distance behind the splenium. The other, known as the *marginal ramus*, turns off at a right angle and is directed toward the dorsal margin of the hemisphere. A side branch, directed dorsally, is usually given off from the main sulcus some distance rostral to its bifurcation, and is known as the *paracentral sulcus*.

The **collateral fissure** begins near the occipital pole and runs rostrally, sepa-



rated from the calcarine and hippocampal fissures by the lingual and hippocampal gyri. It is sometimes continuous with the *rhinal fissure*. The latter separates the terminal part of the hippocampal gyrus, which belongs to the archipallium, from the rest of the temporal lobe (Fig. 198).

**Convolution.**—Dorsal to the corpus callosum is the *gyrus cinguli* between the sulcus of the corpus callosum and the sulcus cinguli. The *superior frontal gyrus* is continued over the dorsal border of the hemisphere from the dorso-lateral surface and reaches the sulcus cinguli. Surrounding the end of the central sulcus is a quadrilateral convolution, known as the *paracentral lobule*. It

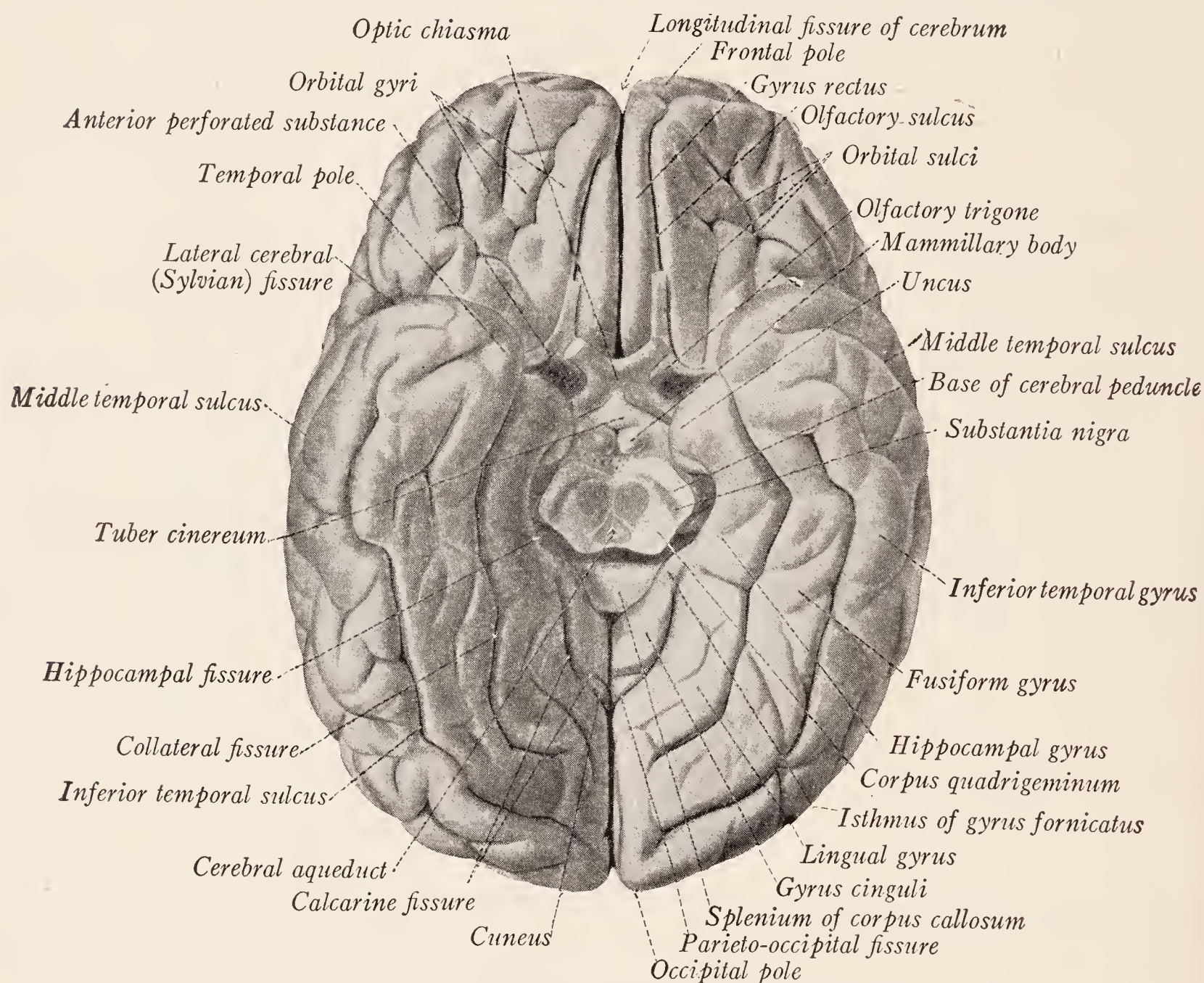


Fig. 199.—Basal aspect of the human cerebral hemisphere. (Sobotta-McMurrich.)

is bounded by the sulcus cinguli, its marginal ramus and the paracentral sulcus. Another quadrilateral area, known as the *precuneus*, is bounded by the parieto-occipital fissure, the subparietal sulcus, and the marginal ramus of the sulcus cinguli. The *hippocampal gyrus* lies between the hippocampal fissure dorsally and the collateral and rhinal fissures ventrally. Its rostral extremity bends around the hippocampal fissure to form the uncus. It is connected with the gyrus cinguli by a narrow convolution, the *isthmus of the gyrus fornicatus*. Under the name *gyrus fornicatus* it has been customary to include the gyrus cinguli, isthmus, hippocampal gyrus, and uncus. Between the collateral fissure and the



inferior temporal sulcus is the *fusiform gyrus* which lies on the basal surface of the temporal lobe in contact with the tentorium of the cerebellum (Figs. 197, 199).

It has been customary to apportion parts of the medial and basal surfaces of the cerebral hemisphere to the frontal, parietal, occipital, and temporal lobes, as indicated in Fig. 198. According to this scheme the gyrus fornicatus stands by itself and is sometimes designated as the limbic lobe. This plan of subdivision, which was based on the erroneous belief that all portions of the gyrus fornicatus belonged to the rhinencephalon, should be abandoned. A simpler and more logical arrangement assigns the hippocampal gyrus and uncus to the temporal lobe and divides the gyrus cinguli between the frontal and parietal lobes.

The **basal surface** of the hemisphere (Fig. 199) consists of two parts: (1) the ventral surface of the temporal lobe, whose sulci and gyri have been described in a preceding paragraph, and which rests upon the tentorium cerebelli and the floor of the middle cranial fossa; and (2) the orbital surface of the frontal lobe resting upon the floor of the anterior cranial fossa. This orbital surface presents near its medial border the *olfactory sulcus*, a straight, deep furrow, directed rostrally and somewhat medially, that lodges the olfactory tract and bulb. To its medial side is found the *gyrus rectus*. The remainder of the orbital surface of the frontal lobe is subdivided by irregular *orbital sulci* into equally irregular *orbital gyri*.

From the foregoing account it will be apparent that almost the entire surface of the human cerebral hemisphere is formed by *neopallium*. Of the parts already described only the uncus and adjacent part of the hippocampal gyrus belong to the *archipallium*. Other superficial portions of the rhinencephalon, such as the olfactory bulb, tract and trigone, and the anterior perforated substance, will be described in connection with the hidden parts of the rhinencephalon in Chapter XVIII.



## CHAPTER XVII

### THE INTERNAL CONFIGURATION OF THE CEREBRAL HEMISPHERES

WHEN a horizontal section is made through the cerebral hemisphere at the level of the dorsal border of the corpus callosum the central white substance will be displayed in its maximum extent and will appear as a solid, semioval mass, known as the *centrum semiovale* (Fig. 200). It will also be apparent that lamellæ extend from this central white substance to form the medullary centers of the various convolutions, and that over this entire mass the cortex is spread in an uneven layer, thicker over the summit of a convolution than at the bottom of a sulcus. This medullary substance is composed of three kinds of fibers: (1) fibers from the corpus callosum and other commissures joining the cortex of one hemisphere with that of the other; (2) fibers from the internal capsule, uniting the cortex with the thalamus and lower lying centers; and (3) association fibers running from one part of the cortex to another within the same hemisphere.

**The Corpus Callosum.**—At the bottom of the longitudinal fissure of the cerebrum is a broad white band of commissural fibers, known as the *corpus callosum*, which connects the neopallium of the two hemispheres. While the medial portion of this commissure is exposed in the floor of the longitudinal fissure, its greater part is concealed in the white center of the hemisphere where its fibers radiate to all parts of the neopallium, forming the *radiation of the corpus callosum*. When examined in a median sagittal section of the brain the corpus callosum is seen to be arched dorsally and to be related on its ventral surface to the fornix and *septum pellucidum* (Figs. 166, 197). The latter consists of two thin membranous plates, stretched between the corpus callosum and the fornix and separated by a narrow cleft-like space, the *cavum septi pellucidi* (Fig. 204). If the septum has been torn away it will be possible to look into the lateral ventricle and see that the corpus callosum forms the roof of a large part of that cavity. At its rostral extremity it curves abruptly toward the base of the brain, forming the *genu*, and then tapers rapidly to form the *rostrum*. The latter is triangular in cross-section, with its edge directed toward the anterior commissure to which it is connected by the *rostral lamina*. The body of the corpus callosum (*truncus corporis callosi*), arching somewhat dorsally, extends toward the occiput and terminates in the *splenium*, a thickened rounded border situated dorsal to the pineal body and corpora quadrigemina. Related to the concave or ventral side of the corpus callosum are the fornix, septum pellucidum, lateral ventricles, tela chorioidea of the third ventricle, and the pineal body (Fig. 166).



Turning again to the dorsal aspect of the corpus callosum, a careful inspection will show that at the bottom of the great longitudinal fissure it is covered by a very thin coating of gray matter, continuous with the cerebral cortex in the depths of the sulcus of the corpus callosum. This is a *rudimentary portion of the hippocampus* and is known as the supracallosal gyrus or indusium griseum. In this gray band there are embedded delicate longitudinal strands of nerve-fibers. Two of these, placed close together on either side of the median plane,

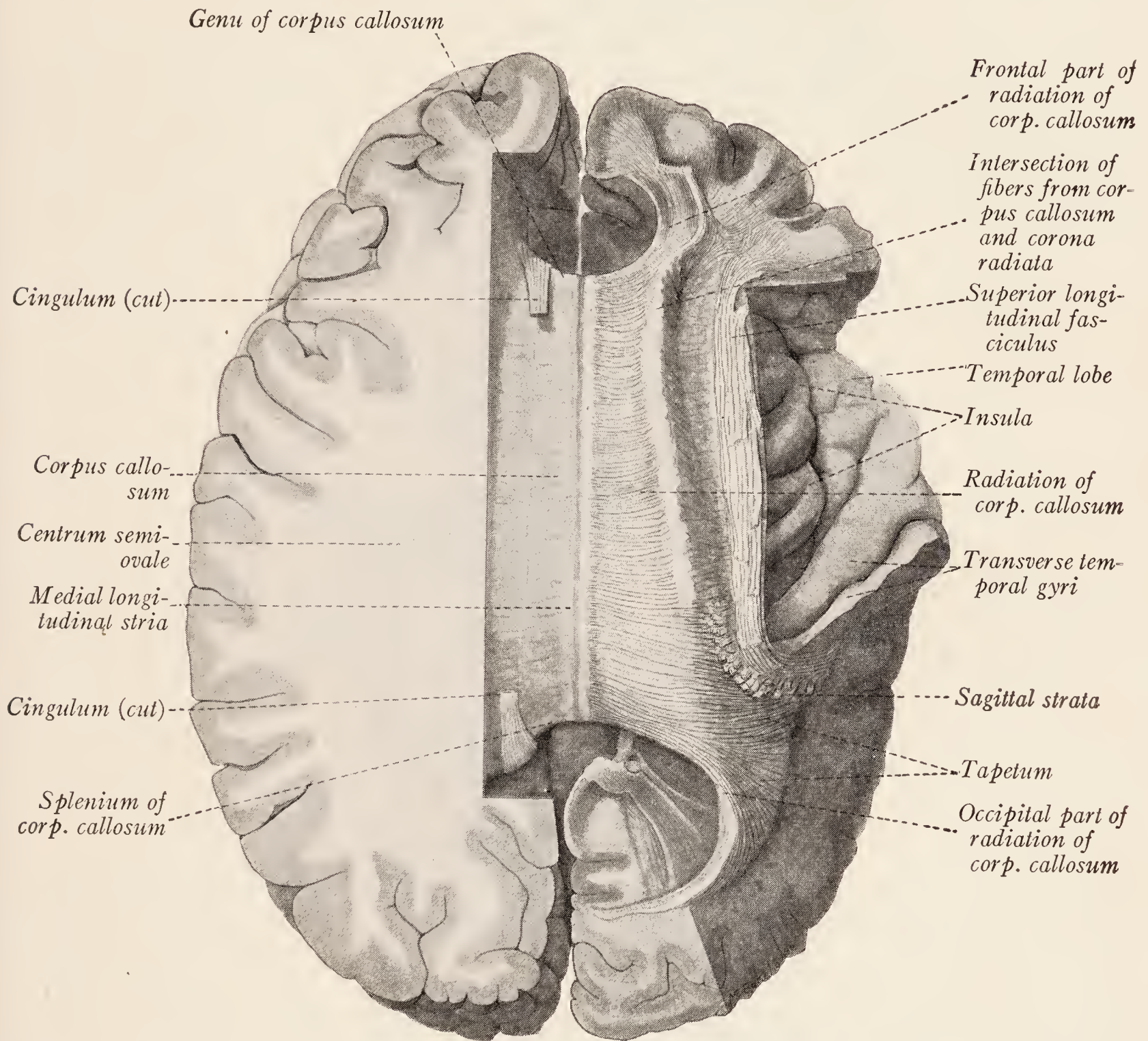


Fig. 200.—Dissection of the human telencephalon to show the radiation of the corpus callosum. Dorsal view.

are known as the *medial longitudinal striæ* (Fig. 200). Further lateralward on either side, hidden within the sulcus of the corpus callosum, is a less well-developed band, the *lateral longitudinal stria*.

The corpus callosum is transversely striated and is composed of fibers that pass from one hemisphere to the other. By dissection these may be followed into the centrum semiovale, where they constitute the *radiation of the corpus callosum* and intersect those from the internal capsule in the corona radiata



(Fig. 200). The fibers of the genu sweep forward into the frontal lobe, constituting the frontal part of the radiation. Fibers from the splenium bend backward toward the occipital pole, forming the *occipital part of the radiation* or *forceps major*. In the human brain fibers from the body and splenium of the corpus callosum sweep outward over the lateral ventricle, forming the roof and lateral wall of its posterior horn and the lateral wall of its inferior cornu. Here they constitute a very definite stratum called the *tapetum* (Figs. 376–379).

### THE LATERAL VENTRICLE

When the corpus callosum and its radiation are cut away a cavity, known as the *lateral ventricle*, is uncovered. It is lined by ependyma, continuous with the ependymal lining of the third ventricle by way of the interventricular foramen. This cavity, which contains cerebrospinal fluid, varies in size in differ-

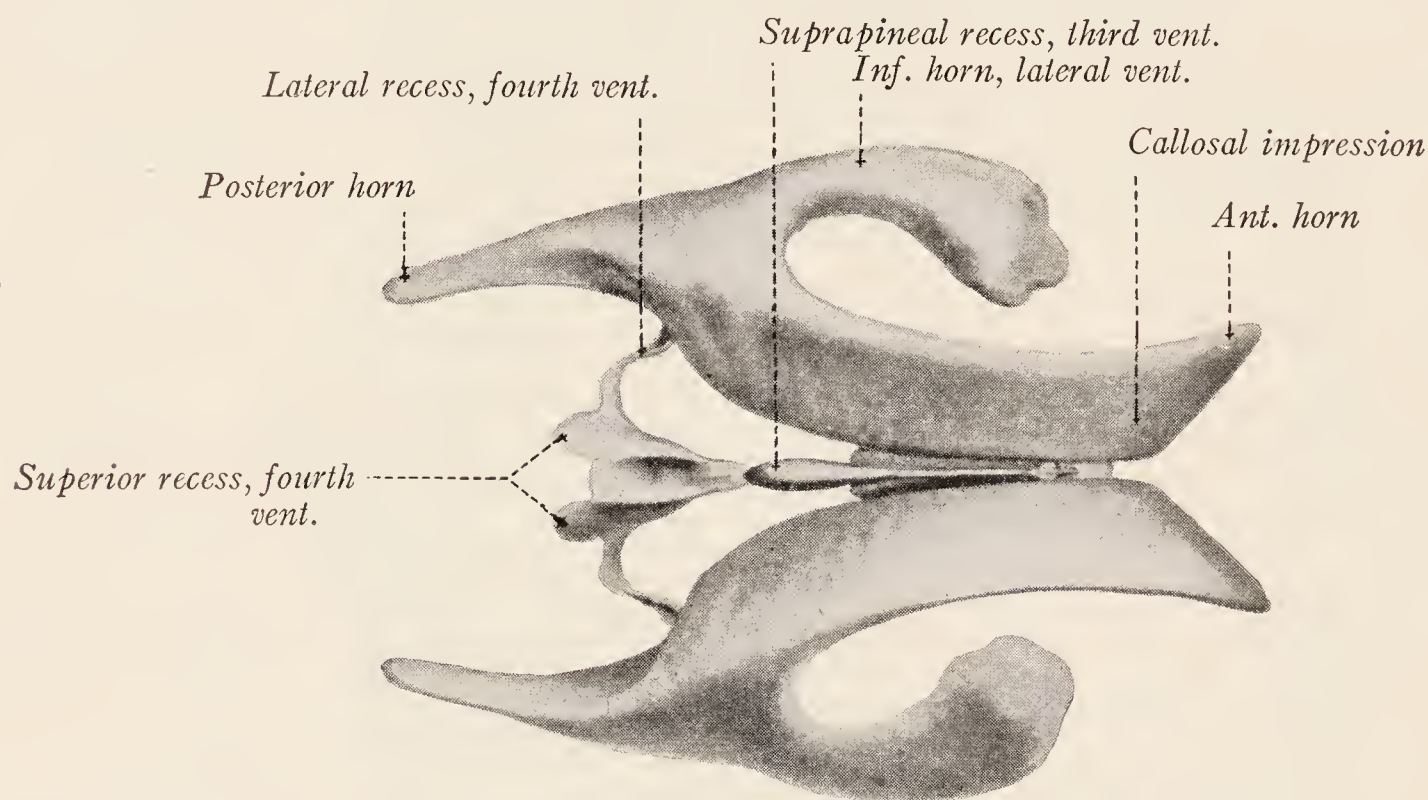


Fig. 201.—Dorsal view of a cast of the brain ventricles of man. (Retzius.)

ent parts, and in some places is reduced to a mere cleft between closely apposed walls. The shape of the ventricle is highly irregular (Figs. 201, 202, 203). As constituent parts we recognize a *central portion* and *anterior, inferior, and posterior horns*. The posterior horn develops rather late in the human fetus as a diverticulum from the main cavity.

The **anterior horn**, or cornu anterius, is the part which lies rostral to the interventricular foramen. Its *roof* and *rostral boundary* are formed by the corpus callosum. Its *medial wall* is vertical and is formed by the septum pellucidum, which is stretched between the corpus callosum and the fornix (Fig. 204). The sloping *floor* is at the same time the lateral wall, and is formed by the head of the caudate nucleus, which bulges into the ventricle from the ventrolateral side. In frontal section the cavity has a triangular outline; and in such a section its walls and the relation which they bear to the rest of the brain can be studied to advantage (Fig. 208).



The **central part** or **body of the lateral ventricle** extends from the inter-ventricular foramen to the splenium of the corpus callosum, where the cavity bifurcates into posterior and inferior horns. The *roof* of the central part is formed

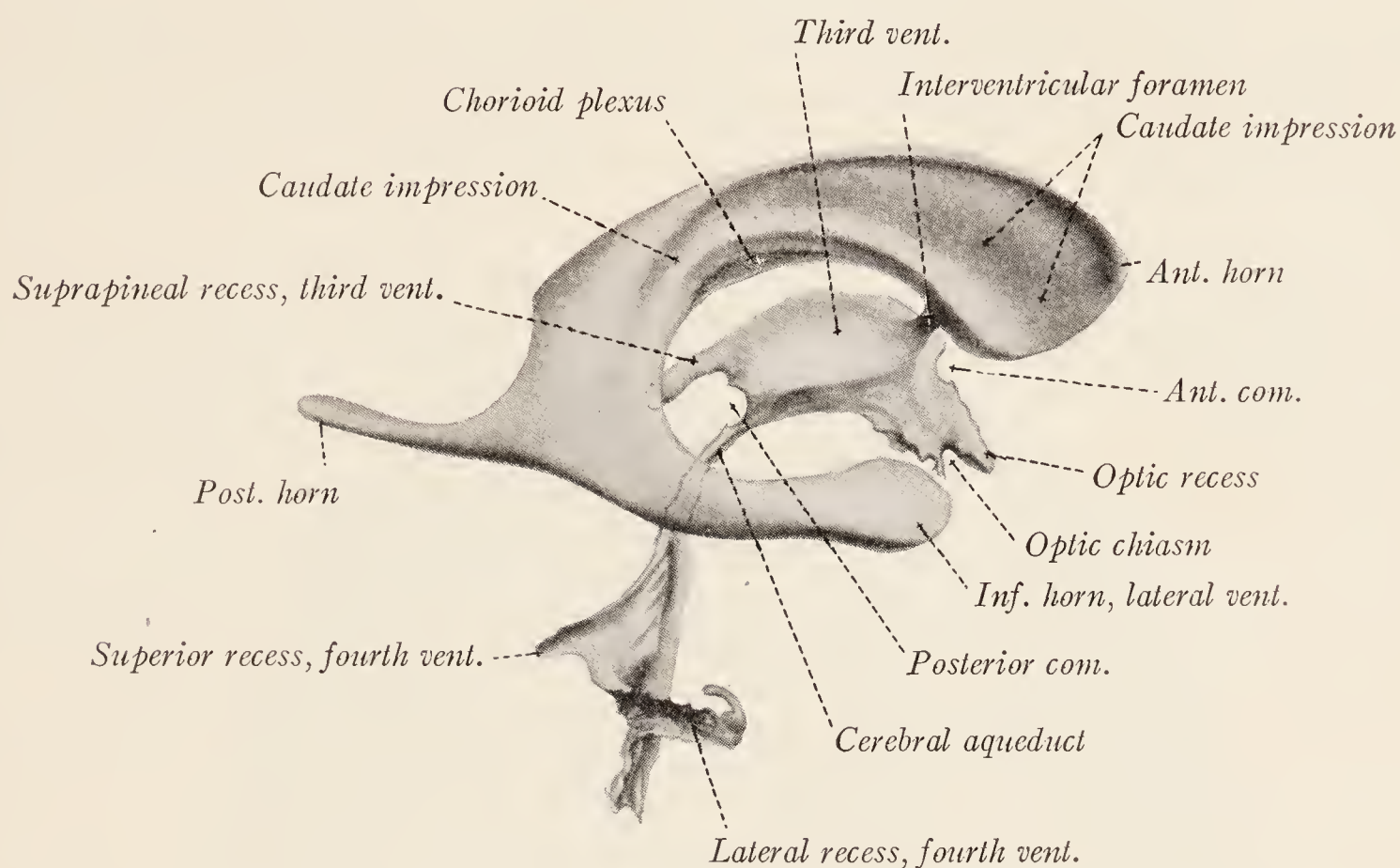


Fig. 202.—Lateral view of a cast of the brain ventricles of man. (Retzius.)

by the corpus callosum, and the *medial* wall by the septum pellucidum. The *floor*, which slants to meet the roof at the lateral angle, is composed from within outward of the following structures: the fornix, chorioid plexus, lateral part

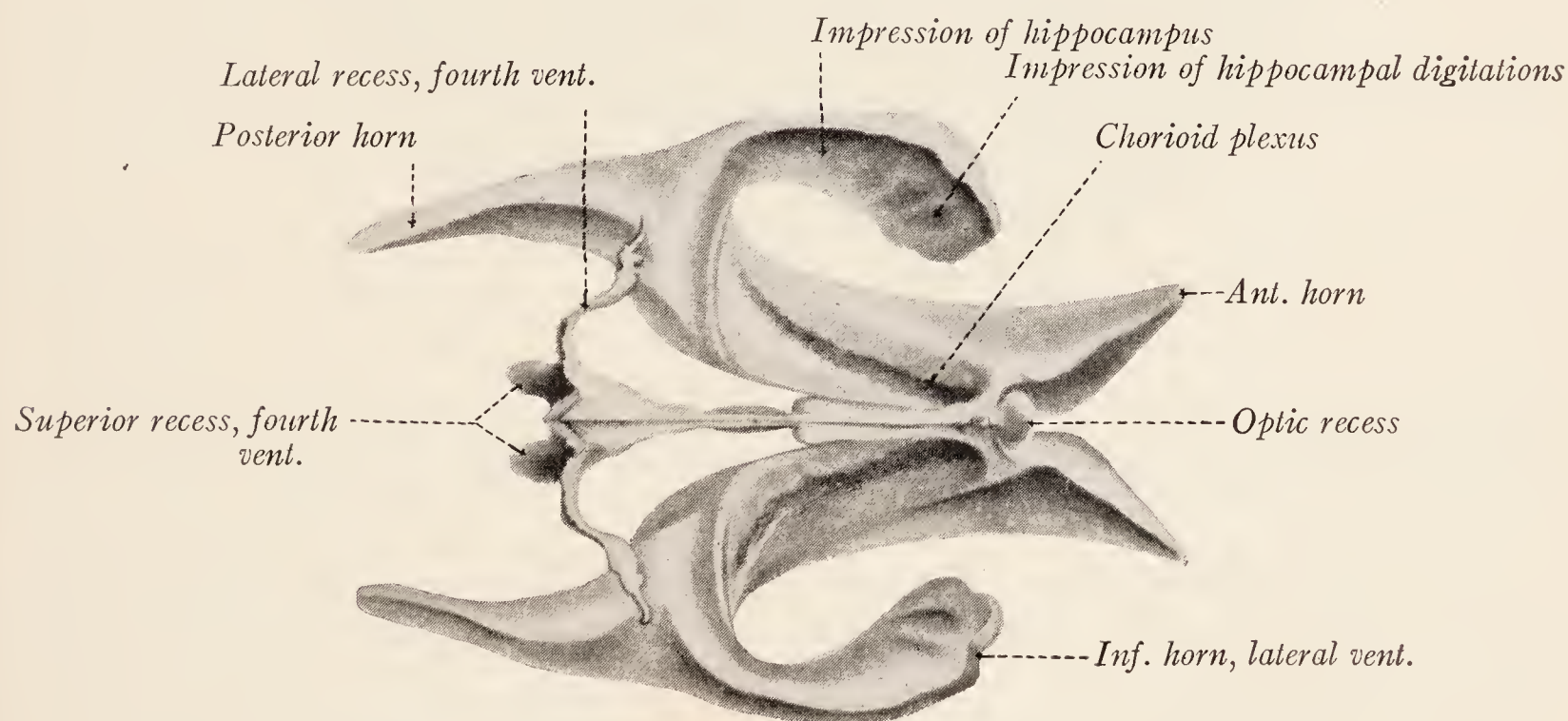


Fig 203.—Ventral view of a cast of the brain ventricles of man. (Retzius.)

of the dorsal surface of the thalamus, the stria terminalis, vena terminalis, and the caudate nucleus (Figs. 204, 210). The caudate nucleus tapers rapidly as it is followed from the anterior horn into the body of the ventricle (Fig. 204).



The cavity is lined throughout by an ependymal epithelium, indicated in red in Fig. 168. Between the caudate nucleus and the fornix this layer of ependyma constitutes the entire thickness of the wall of the hemisphere. It rests upon the thalamus and becomes adherent to it as the lamina affixa (Figs. 167, 168). At the margin of the fornix a vascular network from the *tela chorioidea*, *i. e.*, from the pia mater in the transverse cerebral fissure, is invaginated into the ventricle, pushing this epithelial layer before it and constituting the chorioid plexus (Fig. 204).

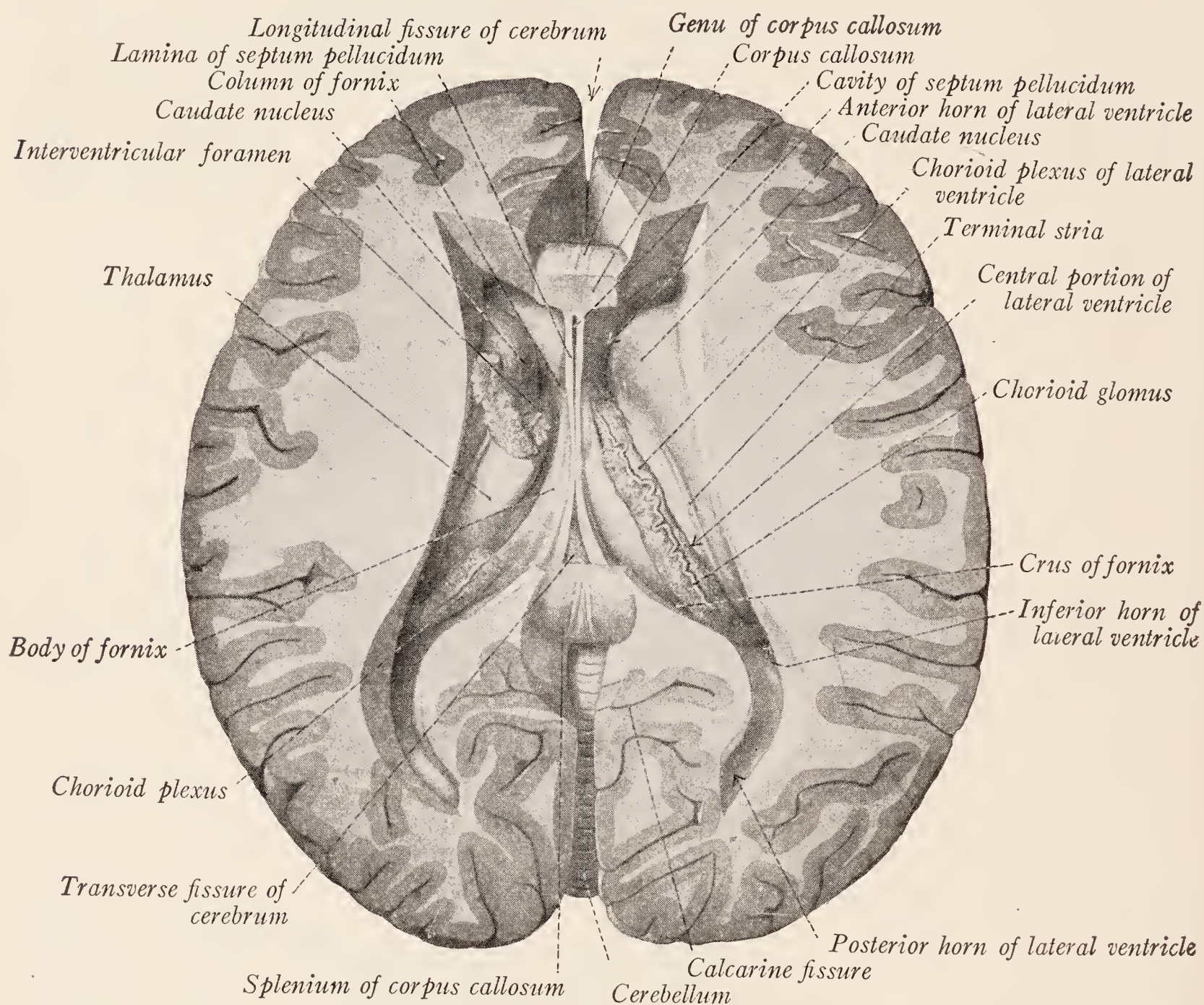


Fig. 204.—Dissection of the human telencephalon. The corpus callosum has been partly removed and the lateral ventricles have been exposed. Dorsal view. (Sobotta-McMurrich.)

The **posterior horn**, or cornu posterius, extends into the occipital lobe, tapering to a point, and describing a gentle curve with concavity directed medially (Figs. 204, 205).

The tapetum of the corpus callosum forms a thin but distinct layer in the *roof* and *lateral wall* of the posterior horn, and is covered laterally by a thicker layer of fibers belonging to the sagittal strata (Fig. 212). In the *medial wall* two longitudinal elevations may be seen. Of these, the more dorsal one is known as the *bulb of the posterior horn* (bulbus cornu), and is formed by the occipital



portion of the radiation of the corpus callosum or forceps major (Fig. 212). The other elevation, known as the *calcar avis*, is larger and is produced by the rostral part of the calcarine fissure, which here causes a folding of the entire thickness of the pallium.

The **inferior horn**, or cornu inferius, curves ventrally and then rostrally into the temporal lobe (Fig. 205). The angle between the diverging inferior and

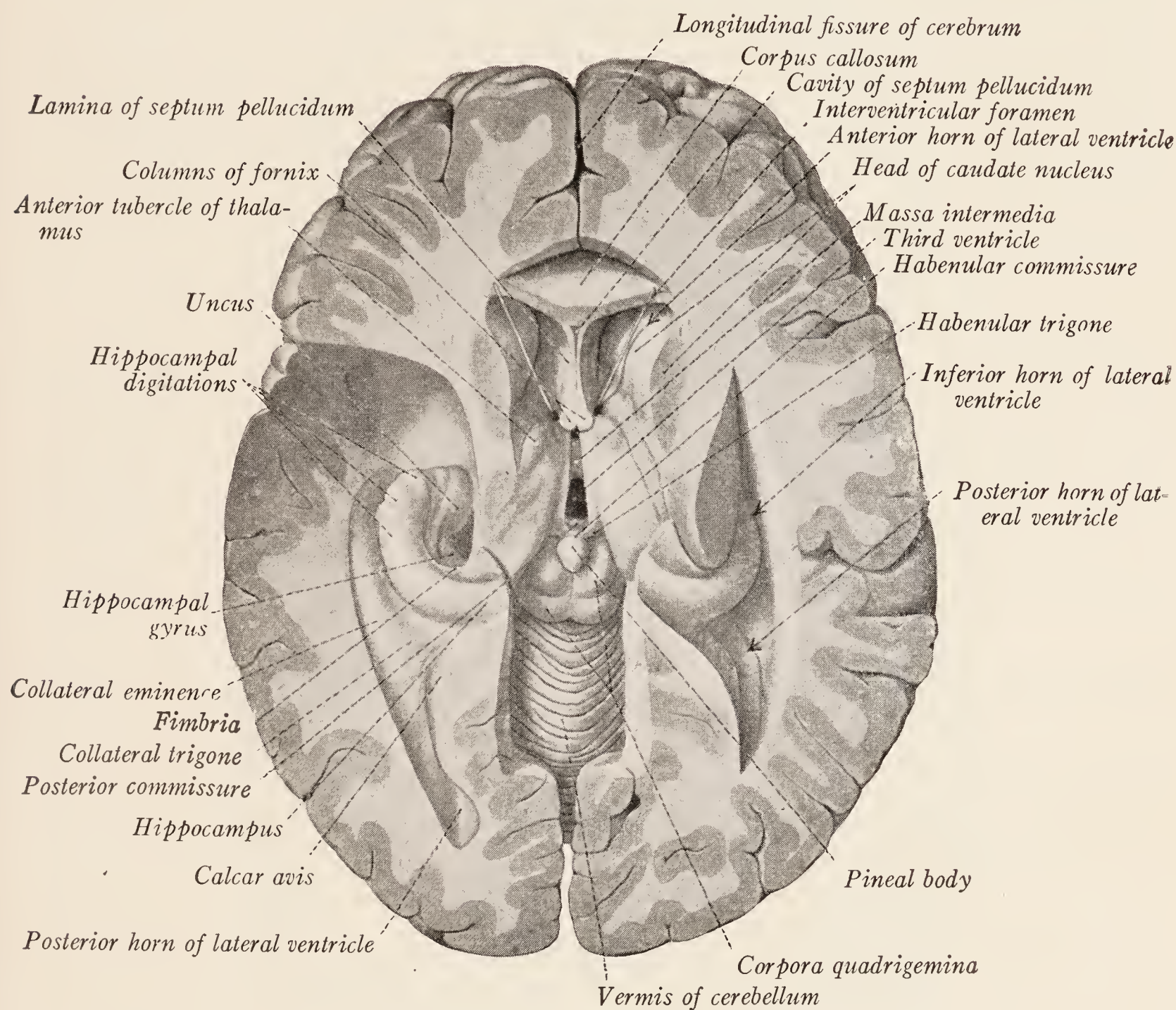


Fig. 205.—Dissection of the human brain to show the posterior and inferior horns of the lateral ventricle. The body and splenium of the corpus callosum have been removed, as have also the body of the fornix and the tela chorioidea of the third ventricle. A sound has been passed through the interventricular foramina. Dorsal view. (Sobotta-McMurrich.)

posterior horns is known as the *collateral trigone*. This horn lies in the medial part of the temporal lobe and does not quite reach the temporal pole. The *roof* is formed by the white substance of the hemisphere, and along its medial border are the *stria terminalis* and *tail of the caudate nucleus*. At the end of the latter the *amygdaloid nucleus* bulges into the terminal part of the inferior horn (Figs. 207, 370–372). The *floor* and *medial wall* of the inferior horn are formed in large part by the following structures, named in their order from within outward: the



fimbria, hippocampus, and collateral eminence (Figs. 205, 211). Upon the fimbria and hippocampus there is superimposed the chorioid plexus. The *hippocampus* is a long, prominent, curved elevation, with whose medial border there is associated a band of fibers, representing a continuation of the fornix and

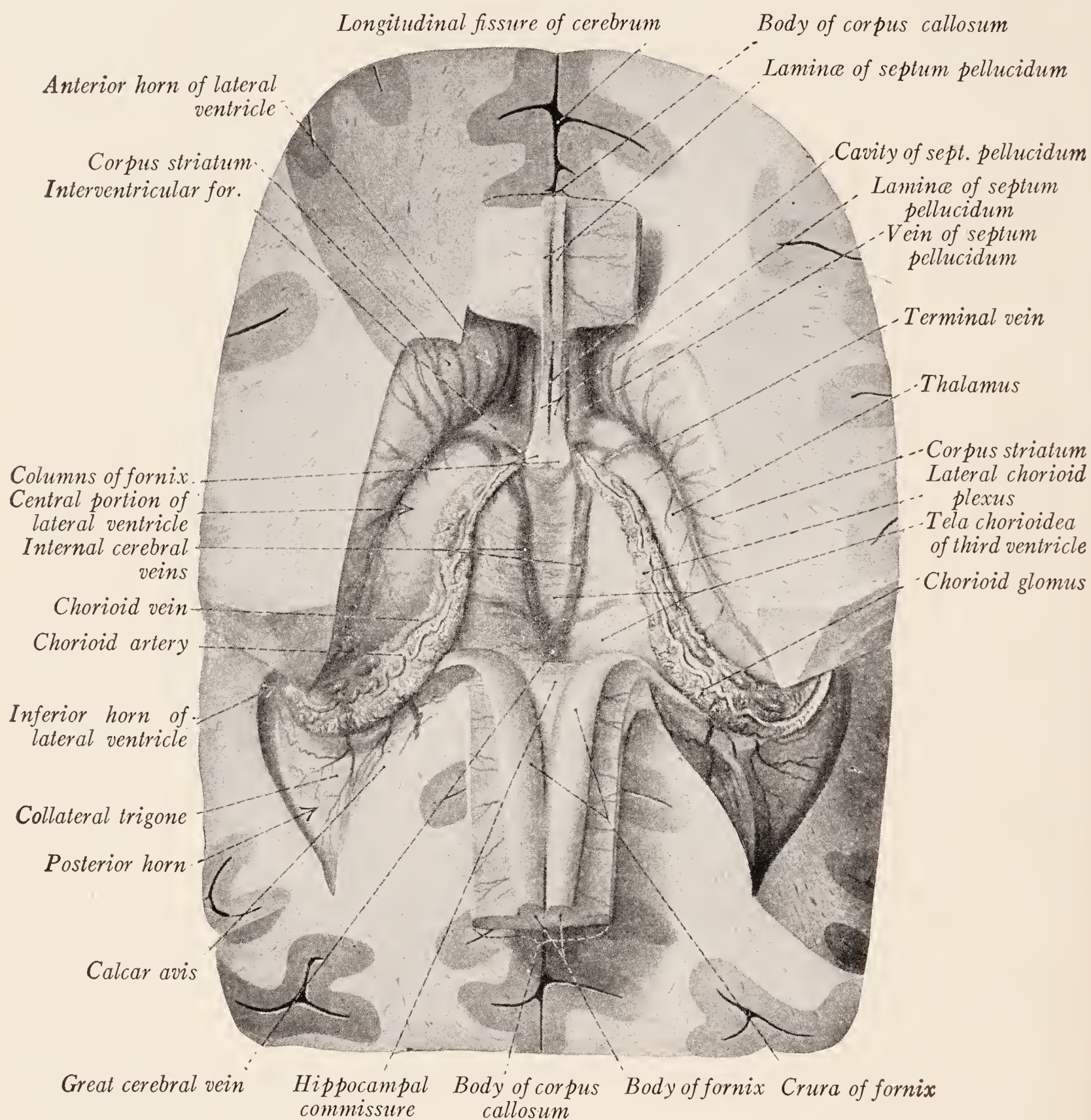


Fig. 206.—Dissection of the human brain to show the tela chorioidea of the third ventricle and the hippocampal commissure. The body of the corpus callosum and the fornix have been divided and reflected. Dorsal view, except that the ventral surfaces of the reflected corpus callosum and hippocampal commissure are seen. (Sobotta-McMurrich.)

known as the *fimbria*. These parts will be described in connection with the rhinencephalon. The *collateral eminence* is an elevation in the lateral part of the floor produced by the collateral fissure.

The thin epithelial membrane, described above as joining the edge of the fornix with the caudate nucleus (Fig. 168), continues to unite these structures



as they both curve downward, the former in the floor, the latter in the roof, of the inferior horn. A vascular plexus from the pia mater is invaginated into the lateral ventricle along this curved line, carrying before it an epithelial covering from this thin membrane. In this way there is formed the *chorioid plexus of the lateral ventricle* (Fig. 206). The line along which this invagination occurs is the chorioid fissure; and when the plexus is torn away, the position of the fissure is indicated by an artificial cleft extending into the ventricle, which begins at the interventricular foramen and follows the fornix and fimbria in an arched course into the temporal lobe (Fig. 230). The topography of the lateral ventricle is well illustrated in Figs. 368–379.

The **chorioid plexus** of the lateral ventricle (Figs. 206, 210) is continuous with that of the third ventricle at the interventricular foramen, from which point it can be followed backward through the central part into the inferior horn. It is coextensive with the chorioid fissure and is not found in the anterior or posterior horns. It consists of a vascular network derived from the pia mater, and is covered throughout by a layer of epithelium of ependymal origin, which is adapted to every unevenness of its surface (Fig. 168).

#### THE BASAL GANGLIA OF THE TELENCEPHALON

There are four deeply placed masses of gray matter within the hemisphere, known as the *caudate*, *lentiform* and *amygdaloid nuclei*, and the *claustrum*. The two former, together with the white fascicles of the internal capsule which separate them, constitute the *corpus striatum* (Fig. 207).

The **caudate nucleus** (nucleus caudatus) is an elongated mass of gray matter bent on itself like a horseshoe, and is throughout its entire extent closely related to the lateral ventricle (Figs. 204, 208, 209, 210, 214). Its swollen rostral extremity or *head* is pear shaped and bulges into the anterior horn of the lateral ventricle. The remainder of the nucleus is drawn out into a long, slender, highly arched *tail*. In the floor of the central part of the ventricle the head gradually tapers off into the tail, which finally curves around into the roof of the inferior horn and extends rostrally as far as the amygdaloid nucleus. Because of its arched form it will be cut twice in any horizontal section which passes through the main mass of the corpus striatum, and in any frontal section through that body behind the amygdaloid nucleus (Figs. 207, 211, 214). The head of the caudate nucleus is directly continuous with the anterior perforated substance; and ventral to the anterior limb of the internal capsule it is fused with the lentiform nucleus (Fig. 208).

The **lentiform** or **lenticular nucleus** (nucleus lentiformis) is deeply placed in the white center of the hemisphere and intervenes between the insula, on the one hand, and the caudate nucleus and thalamus on the other (Figs. 207, 214, 216). In shape it bears some resemblance to a biconvex lens. Its lateral, moderately convex surface is nearly coextensive with the insula from which it is separated by the claustrum. Its ventral surface rests upon the anterior per-



forated substance and the white matter forming the roof of the inferior horn of the lateral ventricle (Figs. 209–211). Its sloping medial surface is closely applied to the internal capsule. The lentiform nucleus is not a homogeneous mass, but is divided into two parts by the *external medullary lamina*. The more lateral zone is the larger and is known as the *putamen*. It is separated by this lamina

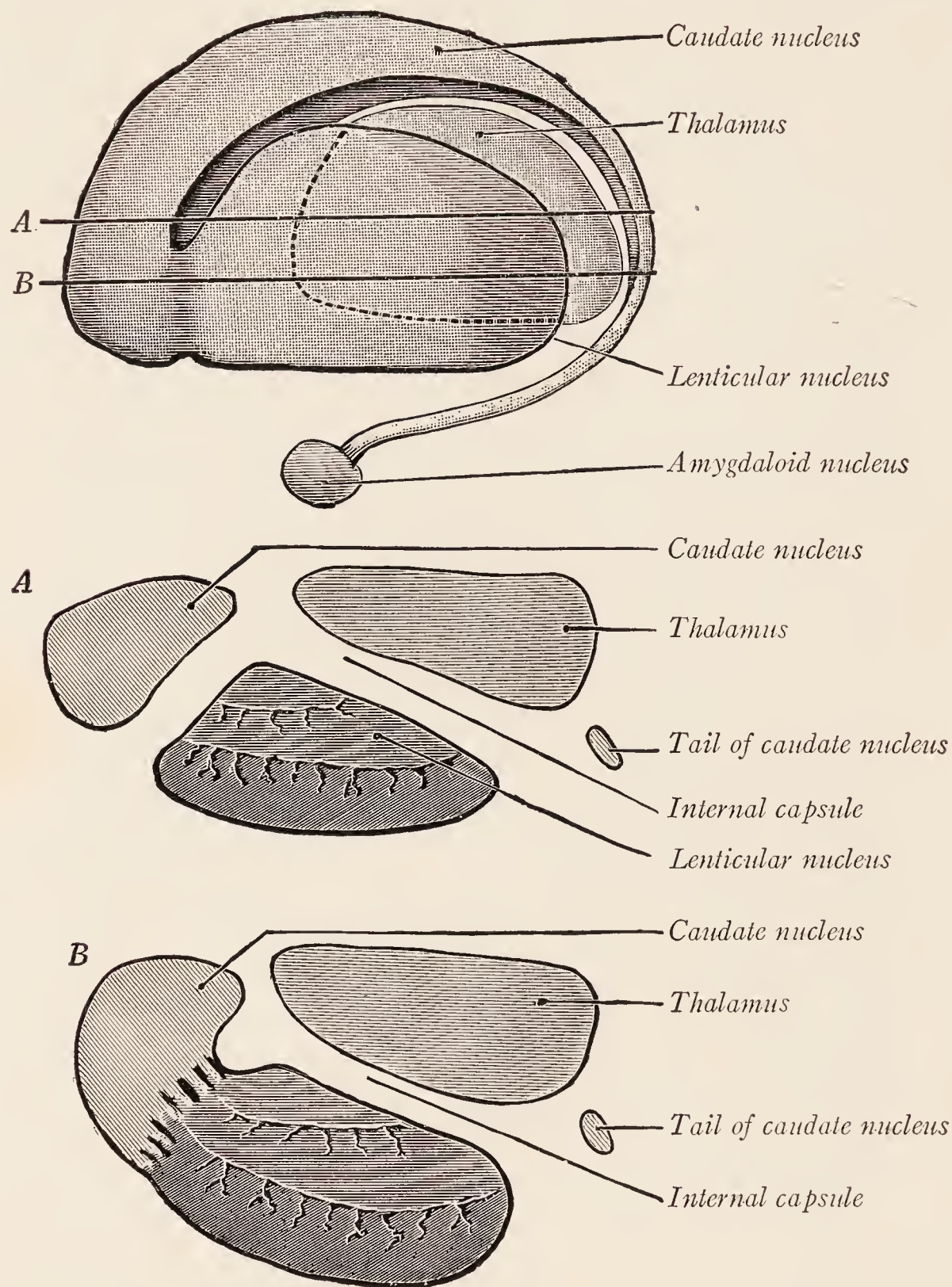


Fig. 207.—Diagrams of lateral view and sections of the nuclei of the corpus striatum with the internal capsule omitted. *A* and *B* below represent horizontal sections along the lines *A* and *B* in the figure above. The figure also shows the relative position of the thalamus and the amygdaloid nucleus. (Jackson-Morris.)

from the smaller more medial zone, which, because its numerous myelinated fibers give it a lighter color, is known as the *globus pallidus*. The latter is subdivided by the *internal medullary lamina* into the internal and external divisions (Figs. 210, 213).

Especially in the anterior part of the internal capsule bands of gray substance stretch across from the lentiform to the caudate nucleus, producing a



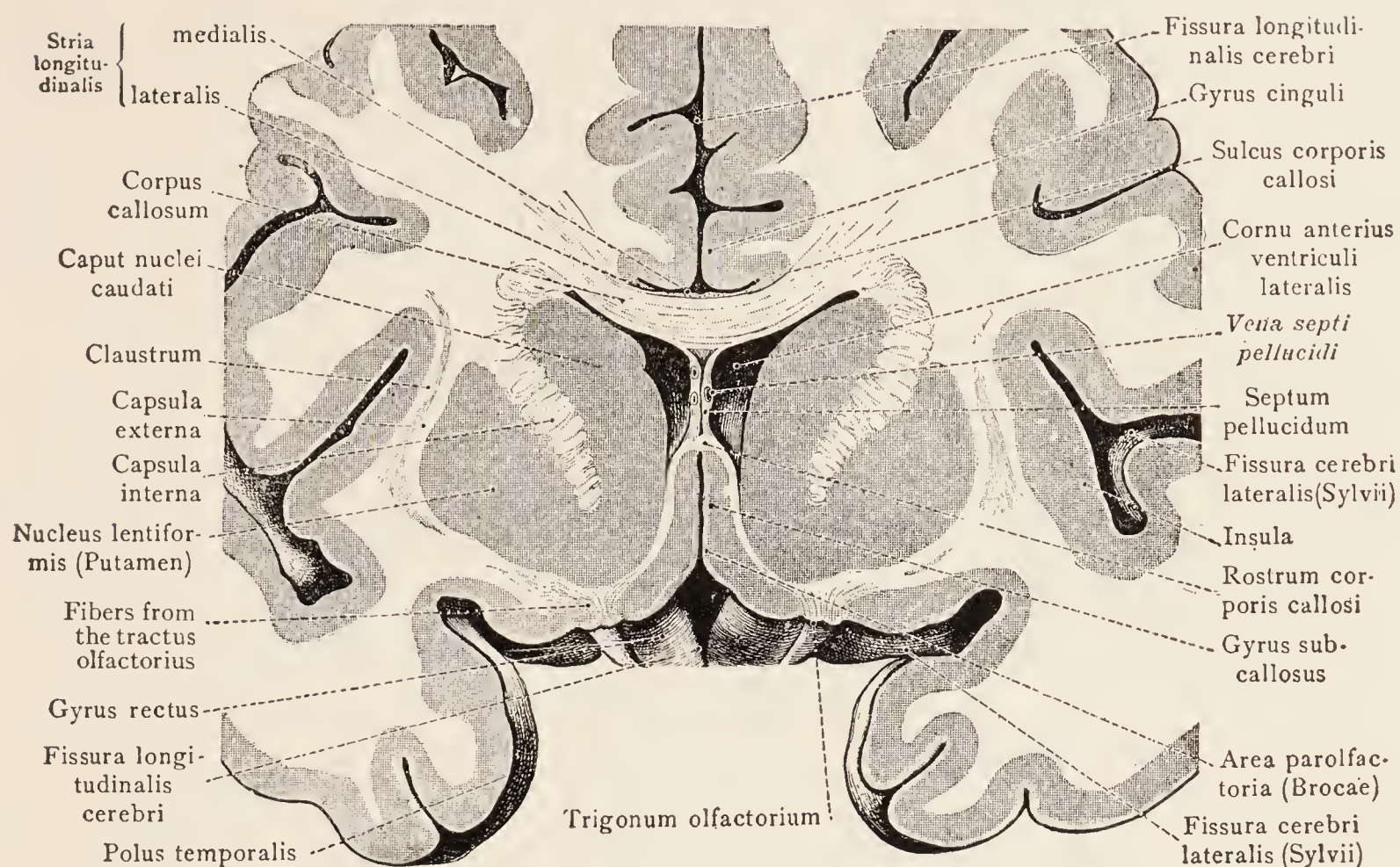


Fig. 208.—Frontal section of the human brain through the rostral end of the corpus striatum and the rostrum of the corpus callosum. (Toldt.)

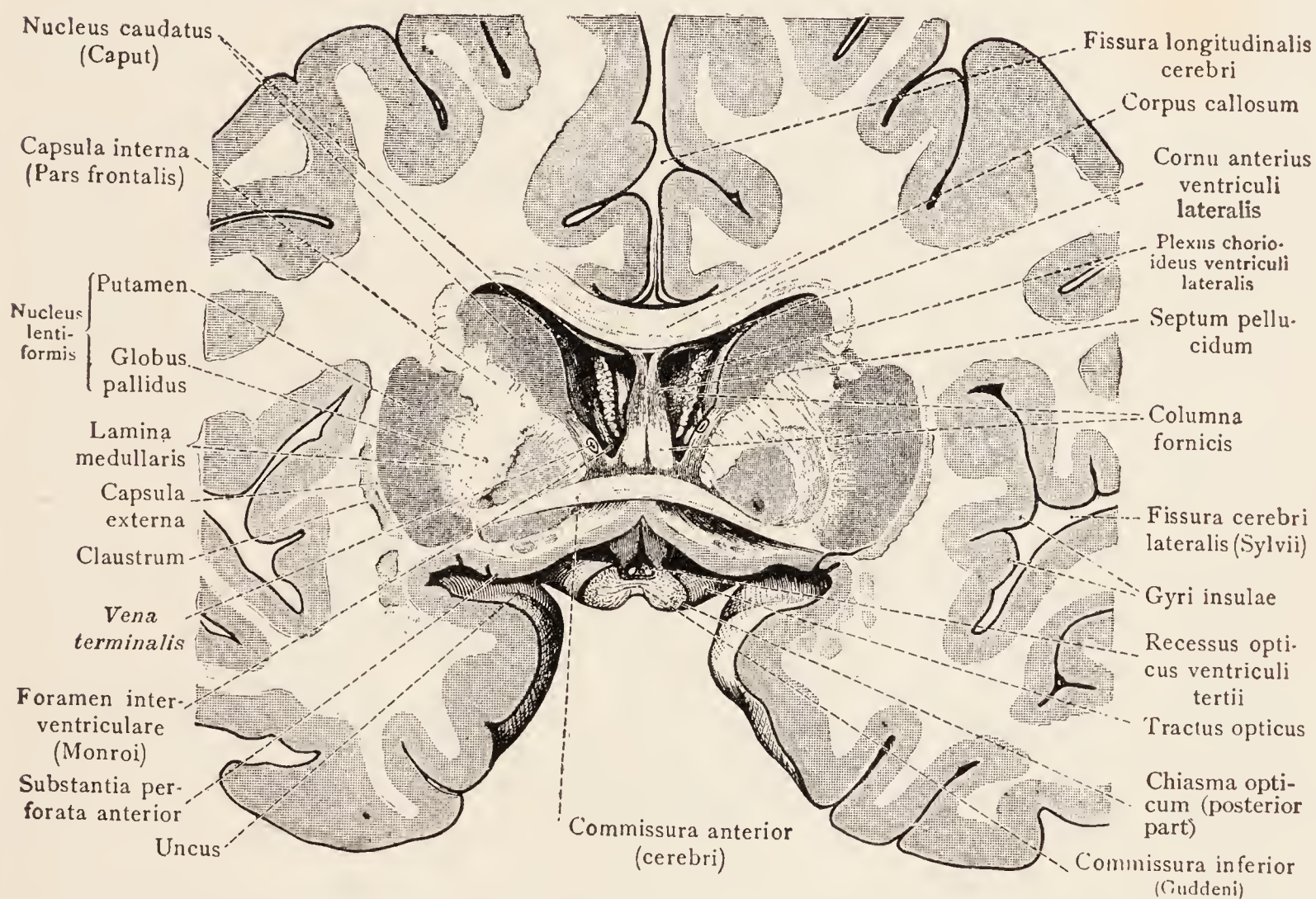


Fig. 209.—Frontal section of the human brain through the anterior commissure. (Toldt.)

striated appearance (Figs. 369, 370). This appearance, which is accentuated by the medullary laminae and the fine fiber bundles in the lentiform nucleus, makes



the term *corpus striatum* an appropriate name to apply to the mass formed by the two nuclei and the internal capsule, which separates them.

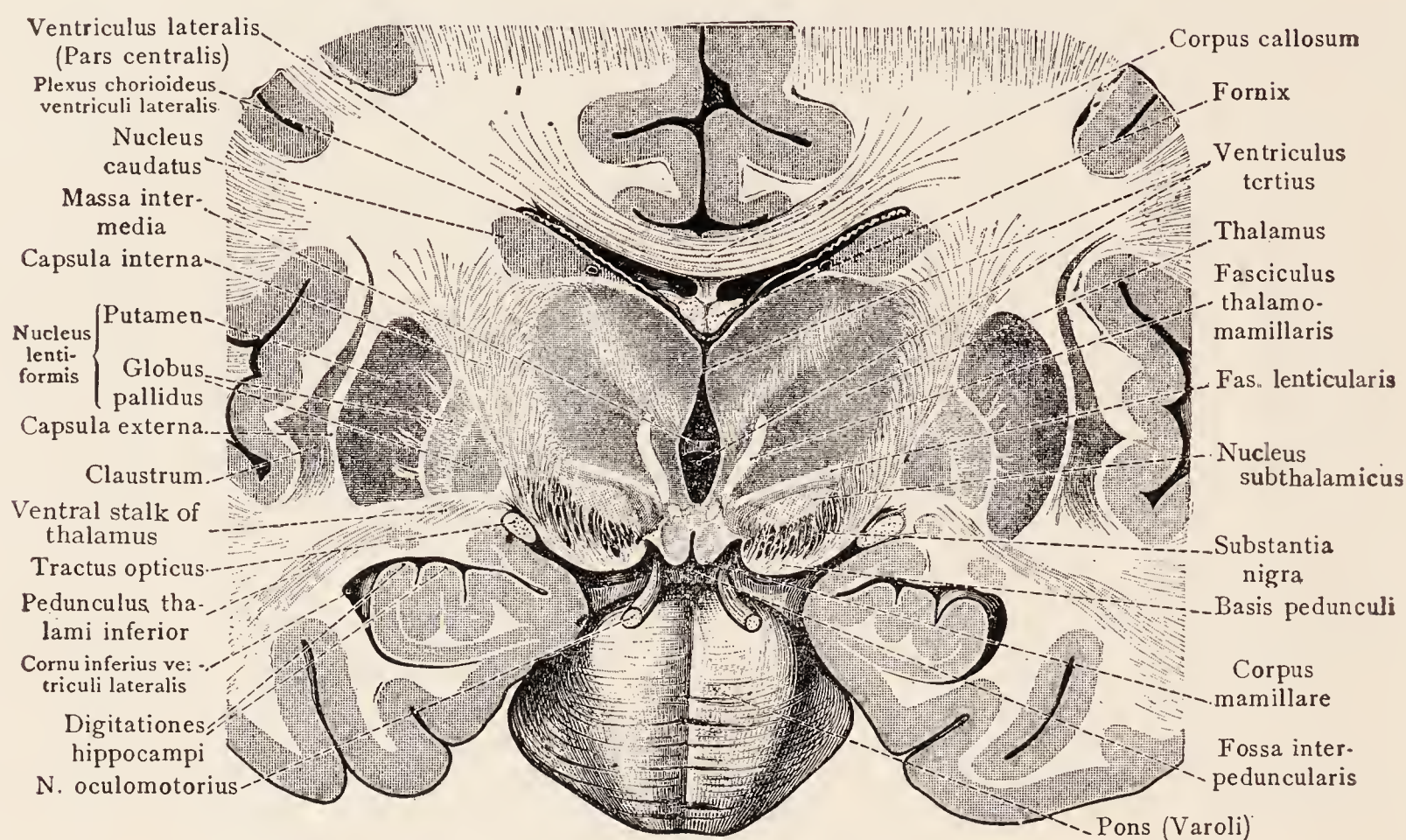


Fig. 210.—Frontal section of the human brain through the mammillary bodies. (Toldt.)

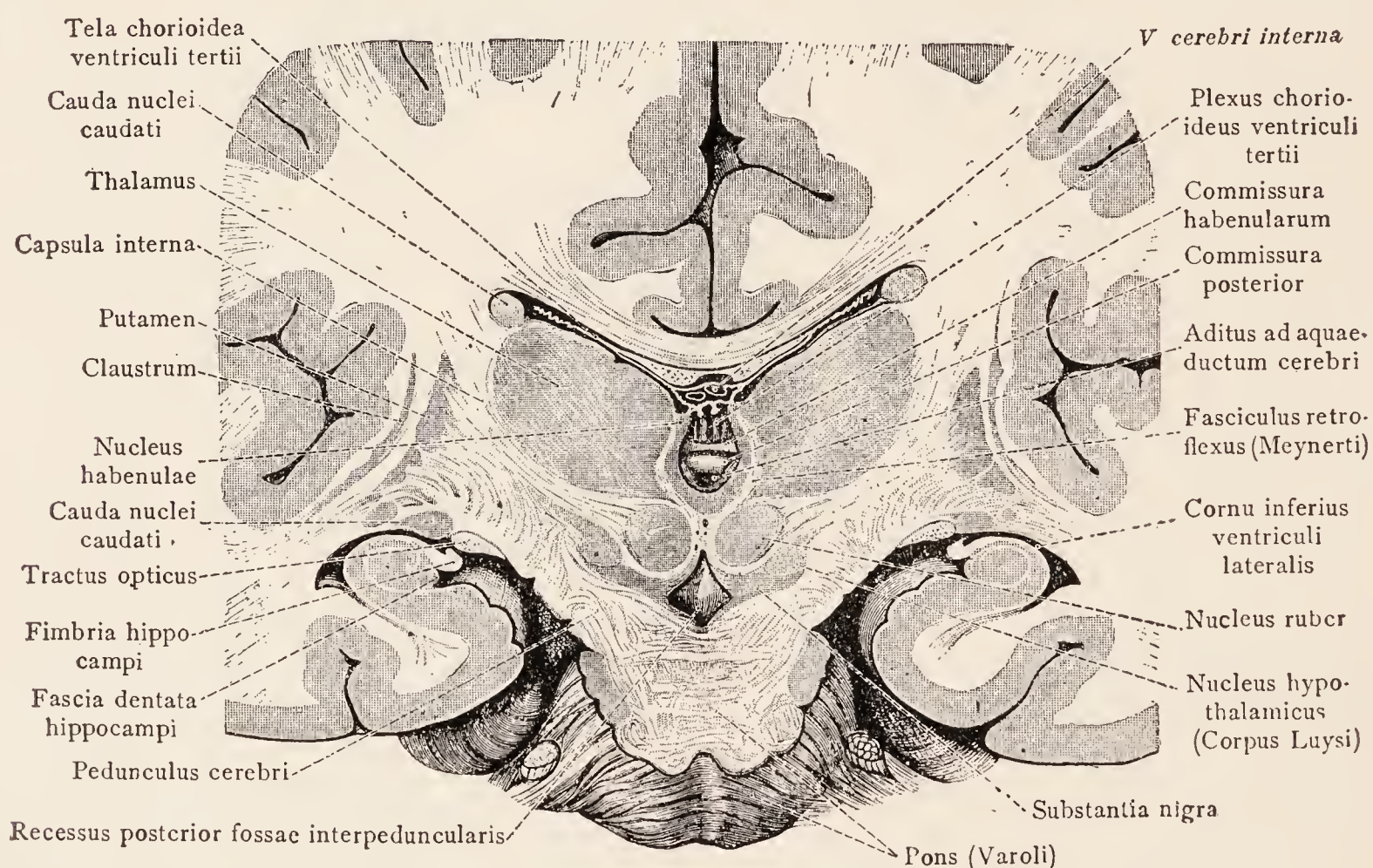


Fig. 211.—Frontal section of the human brain through the rostral part of the pons. (Toldt.)

The caudate nucleus and putamen have the same *histologic structure*. They are composed of small nerve-cells, among which are interspersed a few of medium size. The globus pallidus has a very different structure. Its cells are large, and it



contains many more myelinated fibers than do the caudate nucleus and putamen. Because of this difference in structure between the putamen and globus pallidus, the lentiform nucleus is clearly a composite structure rather than a single nucleus. It is now customary to group the caudate nucleus and putamen together as the *striatum* (not to be confused with the corpus striatum which includes the globus pallidus) and to call the globus pallidus the *pallidum*.

**Nerve Fibers.**—The two divisions of the striatum send fibers to the pallidum, which, in turn, gives rise to fibers which go to other parts of the nervous system (Fig. 213). The fibers which arise in the putamen converge like the spokes of a wheel before they end in the internal and external divisions of the globus pallidus.

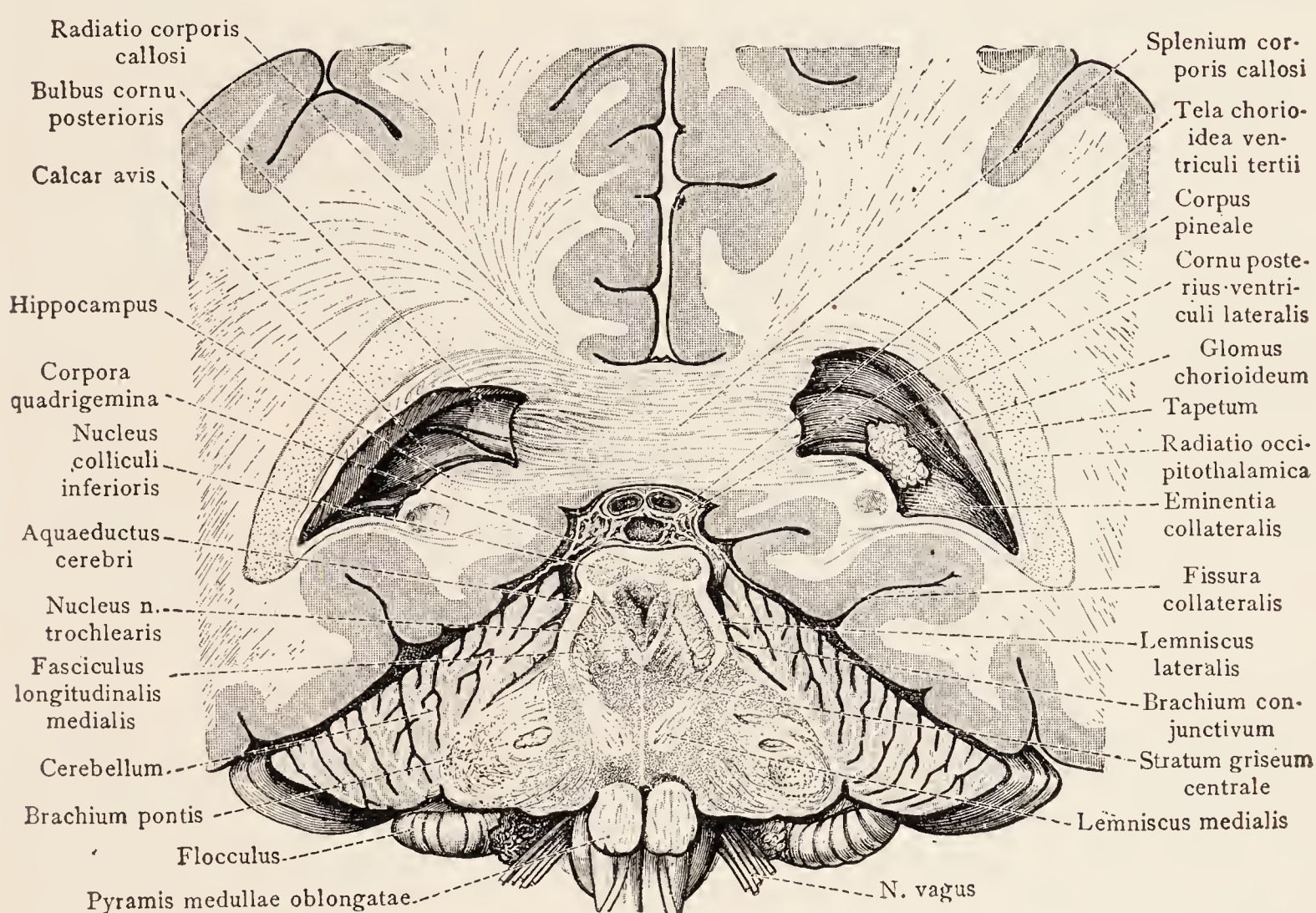


Fig. 212.—Frontal section of the human brain through the splenium of the corpus callosum. View into the posterior horn of the lateral ventricle. (Toldt.)

Other fibers are said to arise in the external and end in the internal division of the pallidum.

Recent investigators (Verhaart, 1938; Papez and Stotler, 1940; Ranson *et al.*, 1941, a, b) confirming and extending the observations of Cecile Vogt (1909), have invalidated the current belief that fibers from the globus pallidus descend through the field *H* of Forel to the red nucleus, substantia nigra, subthalamic nucleus, nucleus of Darkschewitsch, interstitial nucleus, and posterior commissure. It now appears that, as illustrated in Fig. 213, fibers from the internal division of the globus pallidus run by way of the ansa and fasciculus lenticularis (*H*<sub>2</sub>) and after passing through field *H* curve dorsally and then laterally through the thalamic fasciculus (*H*<sub>1</sub>) to the anterior part of the ventral thalamic nucleus.



A few fibers run ventromedially into the hypothalamus forming the pallidohypothalamic tract (Fig. 180). Fibers from the external division of the globus pallidus run to the subthalamic nucleus. These pallidosubthalamic fibers do not pass through field *H*, but reach the subthalamic nucleus after crossing the lower end of the internal capsule (Fig. 213).

The corpus striatum receives fibers from the thalamus, and according to Cajal, also fibers from the cerebral cortex. Recently physiologic evidence has been presented to show that fibers from the cortex go to the caudate nucleus and putamen (Dusser de Barenne, Garol and McCulloch, 1942).

The corpus striatum and the substantia nigra are connected by fibers which have been thought to run a descending course and have been called strionigral fibers, but a study of Marchi preparations following injury to the substantia

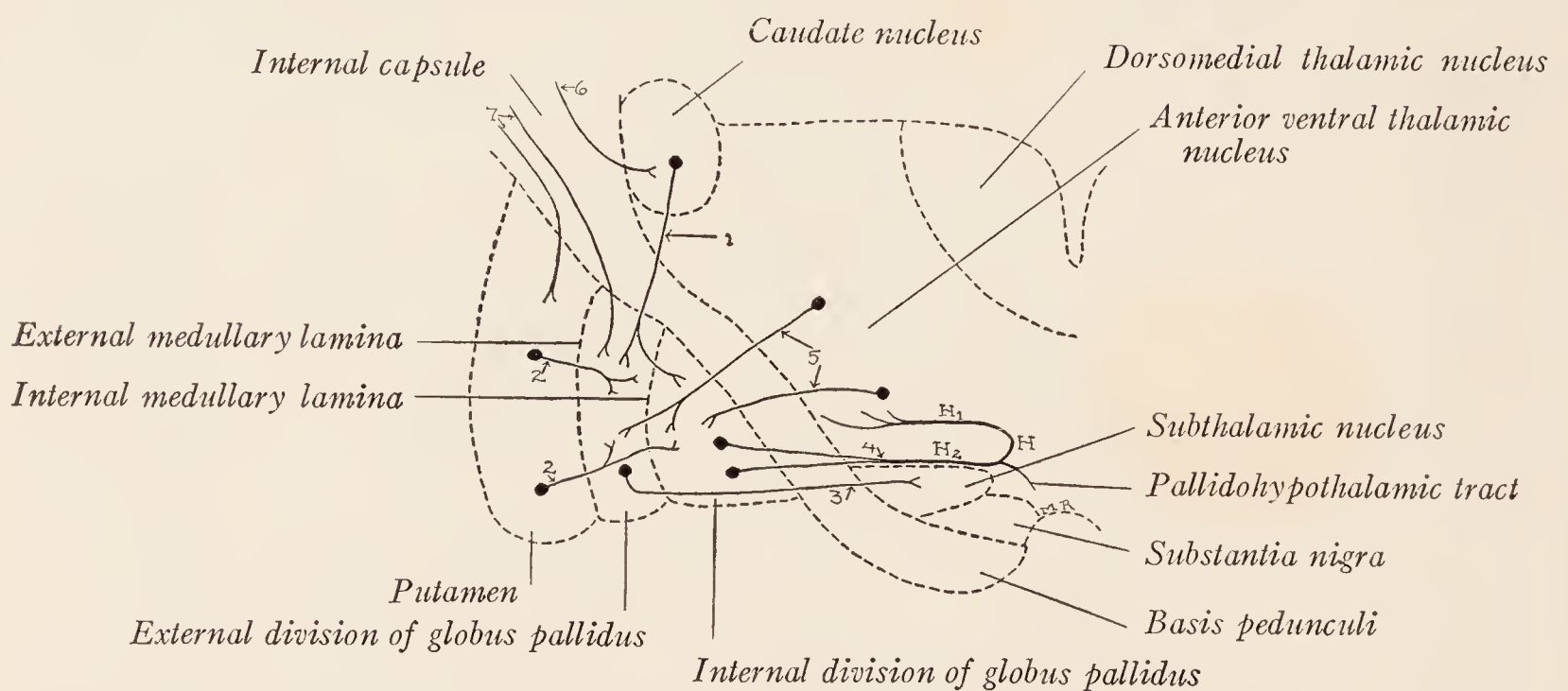


Fig. 213.—Diagrammatic representation of the fiber connections of the corpus striatum. *H*, *H*<sub>1</sub> and *H*<sub>2</sub>, Fields of Forel; 1 and 2, fibers joining together parts of the corpus striatum; 3, pallidosubthalamic tract; 4, fasciculus lenticularis; 5, thalamostriatal connection; 6 and 7, fibers from the cerebral cortex. The ansa lenticularis, which joins field *H* without passing through *H*<sub>2</sub>, is not shown in the diagram.

nigra in monkeys has shown that many of these fibers degenerate upward from the substantia nigra to the globus pallidus (Ranson *et al.*, 1942).

**Function.**—Very little is known concerning the function of the corpus striatum except what may be inferred from the symptoms exhibited by patients in whom the basal ganglia are diseased. Some exhibit the Parkinsonian syndrome, characterized by tremor, which persists during rest, and by a plastic rigidity of all the skeletal muscles with resultant slowness of movement and a mask-like face. In other patients disease of the basal ganglia results in bizarre involuntary movements (athetosis and chorea). Since the pathology in the diseases which produce these syndromes is widespread and since the symptoms have not been reproduced by damage to the corpus striatum in monkeys or other animals, it is not possible to draw from these clinical observations a clear picture of the function of the various parts of the corpus striatum. It has been said that stimulation

of the caudate nucleus or putamen may inhibit phasic movements, induced by cortical stimulation, as well as spontaneous movements (Mettler, 1942); but no active response has yet been detected from stimulation of the corpus striatum.

The corpus striatum is generally regarded as an important link in an extra-pyramidal motor path, but it is certain that much which has been written about the part of this path which descends from the corpus striatum to the lower brain centers is erroneous. The function of the corpus striatum and the course of descending pathways by which it can influence the activity of the spinal cord still remain largely unknown.

The **claustrum** is a thin plate of gray substance, which, along with the white matter in which it is embedded, separates the putamen from the cortex of the insula. Its lateral surface is somewhat irregular, being adapted to the convolutions of the insula, with which it is coextensive (Figs. 210, 214). Its concave medial surface is separated from the putamen by a thin lamina of white matter, known as the external capsule.

**The Amygdaloid Nucleus.**—In the roof of the terminal part of the inferior ventricular horn, at the point where the tail of the caudate nucleus ends, there is located a small mass of gray matter, known as the amygdaloid nucleus (Figs. 207, 370, 372). It is continuous with the cerebral cortex of the temporal lobe lateral to the anterior perforated substance (Fig. 223).

The **external capsule** is a thin lamina of white matter separating the claustrum from the putamen. Along with the internal capsule it encloses the lentiform nucleus with a coating of white substance.

#### THE INTERNAL CAPSULE

The internal capsule is a broad band of white substance separating the lentiform nucleus on the lateral side from the caudate nucleus and thalamus on the medial side (Fig. 214). In a horizontal section through the middle of the corpus striatum it has the shape of a wide open V with the apex of the V pointing medially. The angle, situated in the interval between the caudate nucleus and the thalamus, is known as the *genu*. From this bend the *frontal part* or *anterior limb of the internal capsule* extends laterally and rostrally between the lentiform and the caudate nuclei; while the *occipital part* or *posterior limb of the internal capsule* extends laterally and toward the occiput between the lentiform nucleus and the thalamus.

The **anterior limb of the internal capsule**, intervening between the caudate and lentiform nuclei, is broken up by bands of gray matter connecting these two nuclei. It consists of corticopetal and corticifugal fibers. The former belong to the *frontal stalk of the thalamus* or anterior thalamic radiation from the lateral nucleus of the thalamus to the cortex of the frontal lobe. The corticifugal fibers form the *frontopontile tract* from the cortex of the frontal lobe to the nuclei pontis (Fig. 215).

The **posterior limb of the internal capsule** intervenes between the thalamus



and the lentiform nucleus, and is molded around the posterior end of the latter (Figs. 214, 216). It accordingly consists of three parts, designated as lenticulothalamic, retrolenticular, and sublenticular (Fig. 100). The *lenticulothalamic part*

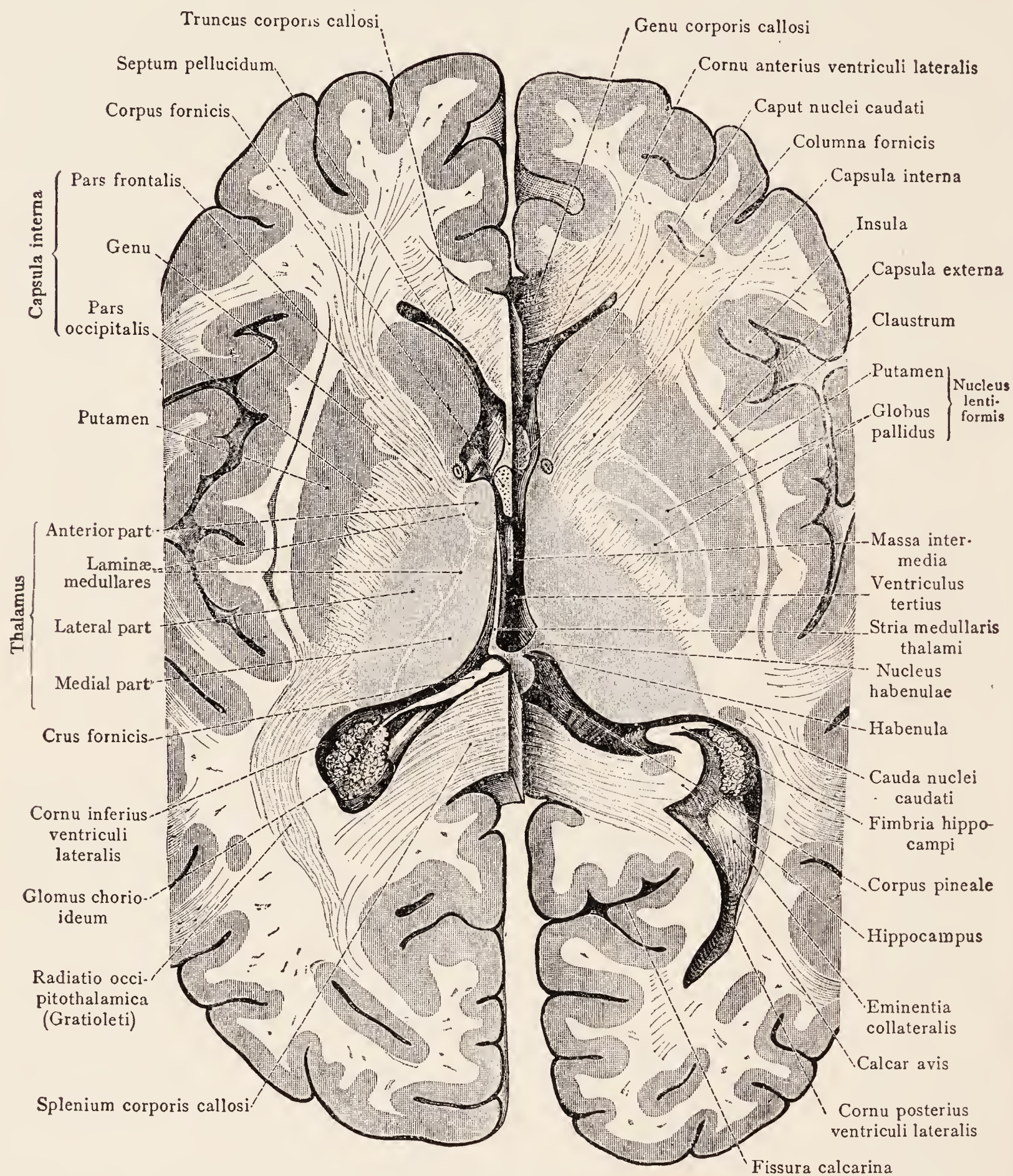


Fig. 214.—Horizontal sections of the human brain through the internal capsule and corpus striatum. The section on the right side was made 1.5 cm. farther ventralward than that on the left. (Toldt.)

consists of fibers belonging to the *thalamic radiation* intermingled with others representing the great efferent tracts which descend from the cerebral cortex (Fig. 215). Of these, the *corticobulbar tract* to the motor nuclei of the cranial nerves occupies the genu, and the *corticospinal tract* the adjacent portion of the pos-



terior limb. The fibers of the corticospinal tract are so arranged that those for the innervation of the arm are nearer the genu than those for the leg. Accompanying the corticospinal tract are descending fibers from the cortex of the frontal lobe to the red nucleus, the *corticorubral tract*. Those fibers of the thalamic radiation which run to the posterior central gyrus and convey general sensory impulses from the thalamus are situated behind the corticospinal tract. The *retrolenticular part* of the internal capsule rests upon the lateral surface of the thalamus behind the lentiform nucleus and contains the posterior thalamic radiation. The *sublenticular part* of the internal capsule lies ventral to the posterior

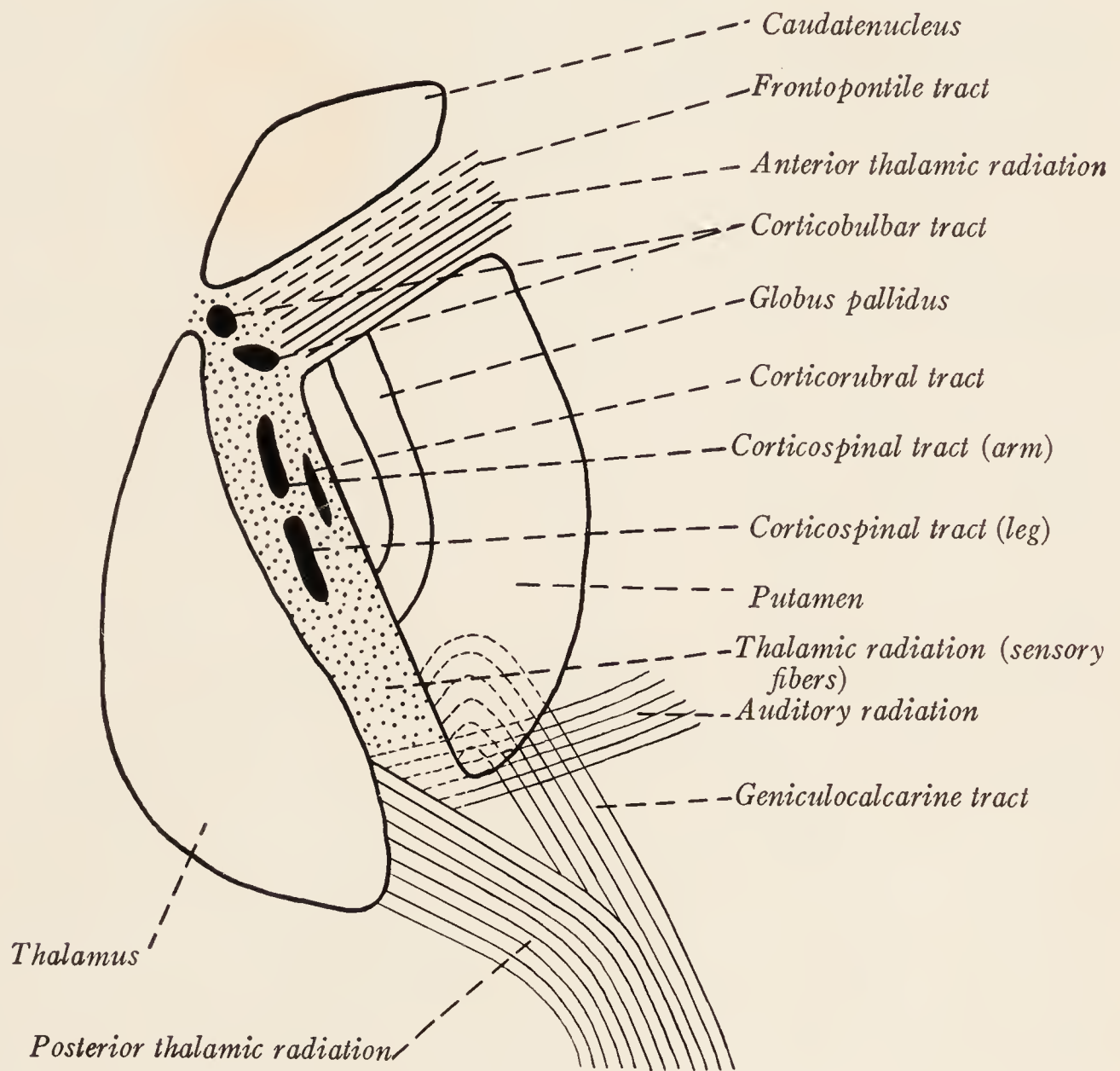


Fig. 215.—Diagram of the internal capsule.

extremity of the lenticular nucleus and contains the temporo-pontile tract from the cortex of the temporal lobe to the nuclei pontis, the geniculocalcarine tract from the lateral geniculate body to the calcarine cortex, and the auditory radiation from the medial geniculate body to the transverse temporal gyrus (Fig. 317).

The fibers of the anterior limb run nearly horizontally forward; those of the several parts of the posterior limb run in different directions. The fibers of the lenticulothalamic part run nearly vertically upward, those of the retrolenticular part nearly horizontally backward and those of the sublenticular part nearly horizontally lateralward. Where one part of the internal capsule becomes con-



tinuous with another there is a gradual transition in the direction of the fibers (Figs. 100, 215, 217).

**Dissections of the Internal Capsule** (Figs. 100, 216, 217).—A large part of the fibers of the internal capsule, including the corticopontile, corticobulbar,

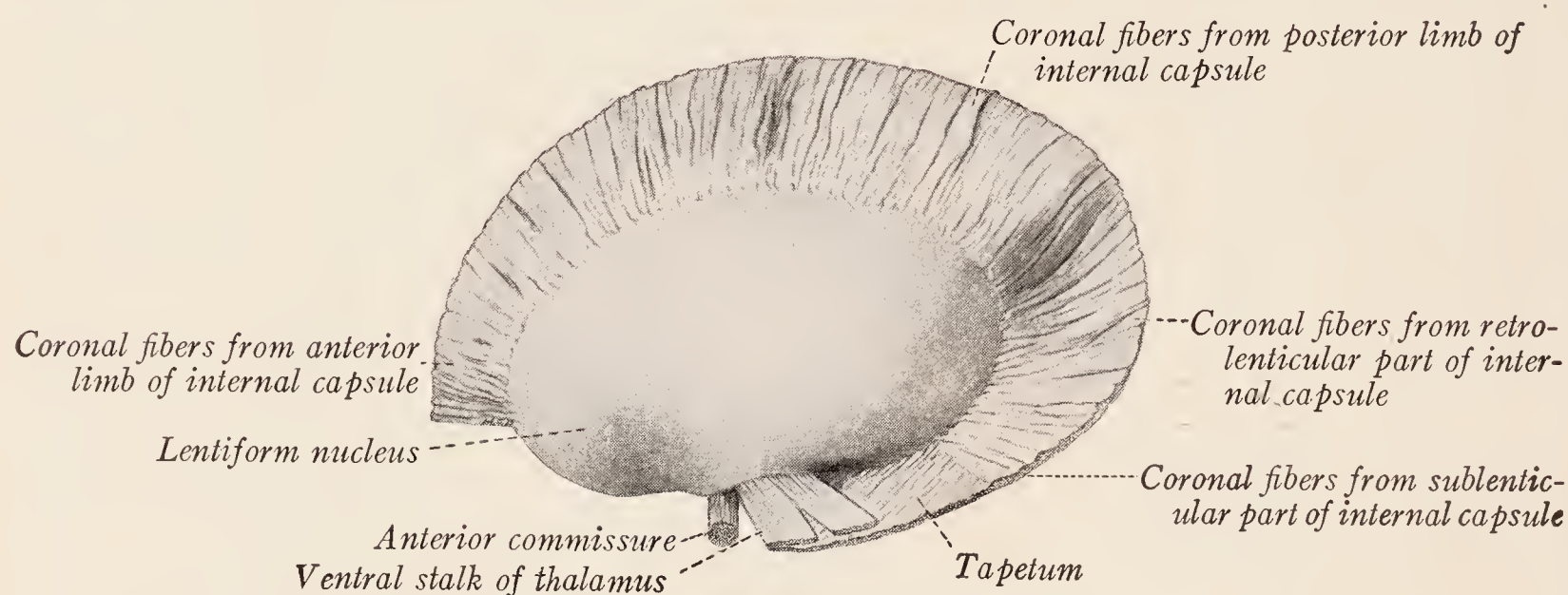


Fig. 216.—The lentiform nucleus and the corona radiata dissected free from the left human cerebral hemisphere. Lateral view.

and corticospinal tracts, are continued as a broad thick strand on the ventral surface of the cerebral peduncle, with which we are already familiar under the name *basis pedunculi*. By removing the optic tract, temporal lobe, insula, and

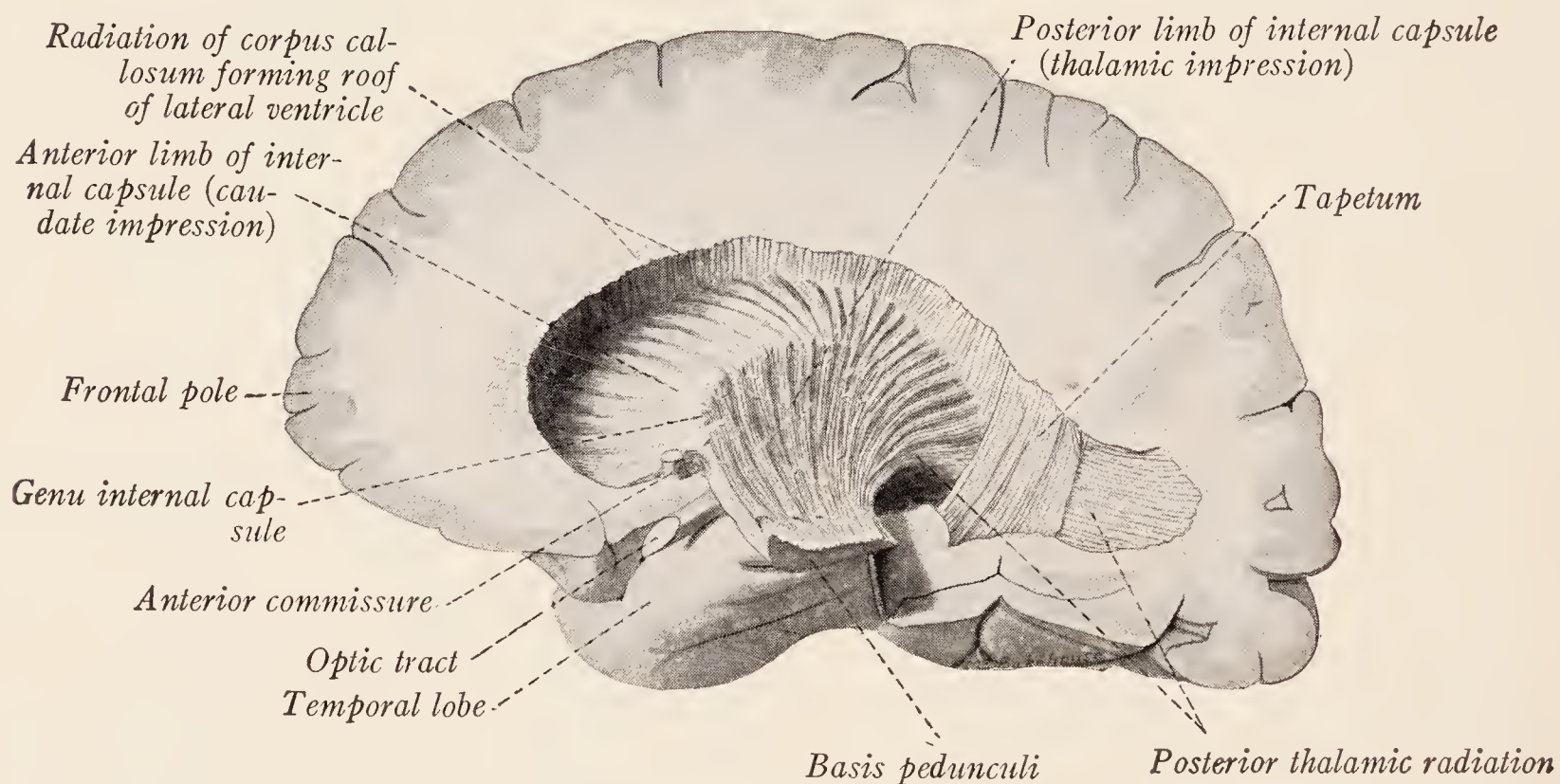


Fig. 217.—Dissection of the human cerebral hemisphere, showing the internal capsule exposed from the medial side. The caudate nucleus and thalamus have been removed.

lentiform nucleus this strand can easily be traced into the internal capsule where it is joined by many fibers radiating from the thalamus and spreads out in a fan-shaped manner (Fig. 100), forming a curved plate which partially encloses the lentiform nucleus. As seen from the lateral side, the line along which the



fibers of the internal capsule emerge from behind the lentiform nucleus forms two-thirds of an ellipse (Fig. 216). Beyond the lentiform nucleus the diverging strands from the internal capsule, known as the *corona radiata*, join the central white substance of the hemisphere and intersect with those from the corpus callosum (Figs. 200, 258).

An instructive view of the internal capsule may also be obtained by removing the thalamus and caudate nucleus from its medial surface. It is then seen to bear the imprint of both of these nuclei, and especially of the thalamus; and between the two impressions it presents a prominent curved ridge (Fig. 217). This ridge is responsible for the sharp bend known as the genu, which is evident in horizontal sections at appropriate levels through the capsule. Many broken bundles of fibers, representing the thalamic radiation, are seen entering the capsule upon its medial surface.

### THE MEDULLARY CENTER OF THE CEREBRAL HEMISPHERE

The medullary center of the cerebral hemisphere underlies the cortex and separates it from the lateral ventricle and corpus striatum. It varies greatly in thickness, from that of the thin lamina separating the insula and the claustrum (Fig. 214) to that of the massive centrum semiovale (Fig. 200). The myelinated nerve-fibers of which it is composed are of three kinds: namely, association fibers, projection fibers, and commissural fibers.

**Commissural Fibers.**—There are three commissures joining together the cerebral hemispheres. Of these, the *corpus callosum* is by far the largest and its radiation contributes largely to the bulk of the centrum semiovale (Fig. 200). The fibers which compose it arise in the various parts of the neopallium of each hemisphere; they are assembled into a broad compact plate as they cross the median plane, and then spread out again to terminate in the neopallium of the opposite side. As they spread through the centrum semiovale they form the radiation of the corpus callosum. The majority of the fibers connect symmetrical areas in the two hemispheres (Curtis, 1940). Some cortical areas are better supplied with these fibers than others, few, if any, being associated with the visual cortex about the calcarine fissure (Van Valkenburg, 1913). The *anterior* and *hippocampal commissures* connect portions of the rhinencephalon in one hemisphere, with similar parts on the opposite side. The anterior commissure connects by its rostral part the two olfactory bulbs and by its caudal part the two pyriform areas (Figs. 209, 231, 232). The hippocampal commissure is composed of fibers which join together the two hippocampi by way of the fimbriae and the psalterium (Fig. 228).

**Projection Fibers.**—Many of the fibers of the medullary white center connect the cerebral cortex with the thalamus and lower lying portions of the nervous system. These are known as projection fibers, and may be divided into two groups according as they convey impulses to or from the cerebral cortex. The corticopetal or *afferent projection fibers* include the following: (1) the *geniculocalcar-*



*ine tract* which arises in the lateral geniculate body and ends in the visual cortex about the calcarine fissure; (2) the *auditory radiation*, which arises in the medial geniculate body and terminates in the auditory cortex of the anterior transverse temporal gyrus; (3) the *thalamic radiation* which unites the thalamic nuclei with various parts of the cerebral cortex. The lateral olfactory stria, which conveys impulses from the olfactory bulb to the pyriform area, is not a projection system in the strict sense of the word, since it begins and ends within the telencephalon.

*Efferent projection fibers* convey impulses from the cerebral cortex to the thalamus, brain stem, and spinal cord. They represent the axons of pyramidal cells. The most important groups are those of the *corticospinal* and *corticobulbar tracts*, which together form the great motor or pyramidal system. These fibers begin in the motor cortex of the anterior central gyrus as axons of the giant cells of Betz. Entering the white medullary center of the hemisphere, they are assembled in the corona radiata and enter the internal capsule (Fig. 100). Their course beyond this point has been traced in the preceding chapters. They convey impulses to the primary motor neurons of the opposite side of the brain stem and spinal cord. Another important group of corticifugal fibers is contained in the *corticopontile tracts*. Of these there are two main strands. The *fronto-pontile tract* consists of fibers which begin as axons of cells in the cortex of the frontal lobe, traverse the centrum semiovale, corona radiata, frontal part of the internal capsule and medial one-fifth of the basis pedunculi, and finally terminate in the nuclei pontis. The *temporopontile tract* has a similar origin from the cortical cells of the temporal lobe and possibly of the occipital lobe also, passes through the sublenticular part of the internal capsule and lateral one-fifth of the basis pedunculi, and finally terminates in the nuclei pontis (Figs. 100, 121). The ascending thalamic radiation is paralleled by descending *cortico-thalamic fibers*, which should be included among the efferent projection systems, although their physiologic significance is not fully understood. A *corticorubral tract* descends from the frontal lobe through the posterior limb of the internal capsule to end in the red nucleus of the mesencephalon. According to Cajal (1911), collaterals from the corticospinal fibers are given off to the corpus striatum. The efferent projection tracts which we have considered all have their origin in the neopallium.

There are several *projection tracts from the rhinencephalon*, and of these the most important is the fornix. The fibers of this fascicle take origin in the hippocampus, follow an arched course already described, and, entering the diencephalon, terminate in part in the mammillary body and in part in the tegmentum of the brain stem (Fig. 230).

The *medial forebrain bundle* arises in the basal olfactory centers and runs caudally through the lateral part of the hypothalamus.

**Association Fibers.**—The various parts of the cortex within each hemisphere are bound together by association fibers of varying length. The *short associa-*



*tion fibers* are of two kinds: (1) those which run in the deeper part of the cortex and are designated as *intracortical*, and (2) those just beneath the cortex, which are known as the *subcortical fibers*. The greater number of these subcortical

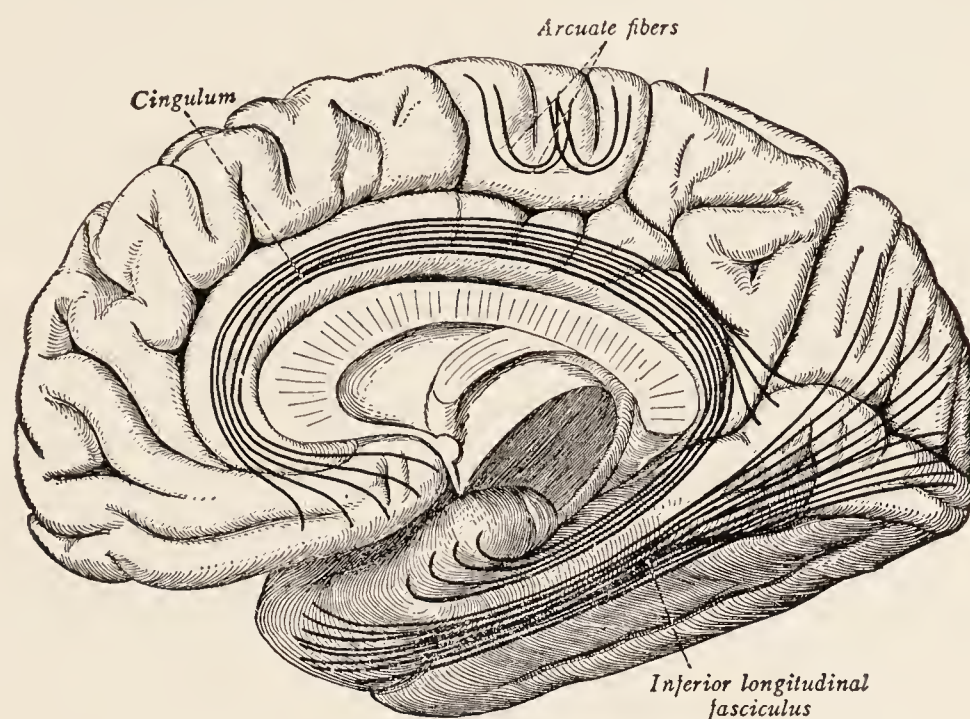


Fig. 218.—Some association bundles projected upon the medial aspect of the cerebral hemisphere. (Sobotta-McMurrich.)

association fibers unite adjacent gyri, curving in **U**-shaped loops beneath the intervening sulci, and are accordingly often designated as arcuate fibers (Fig. 218). Others unite somewhat more widely separated gyri. The *long association*

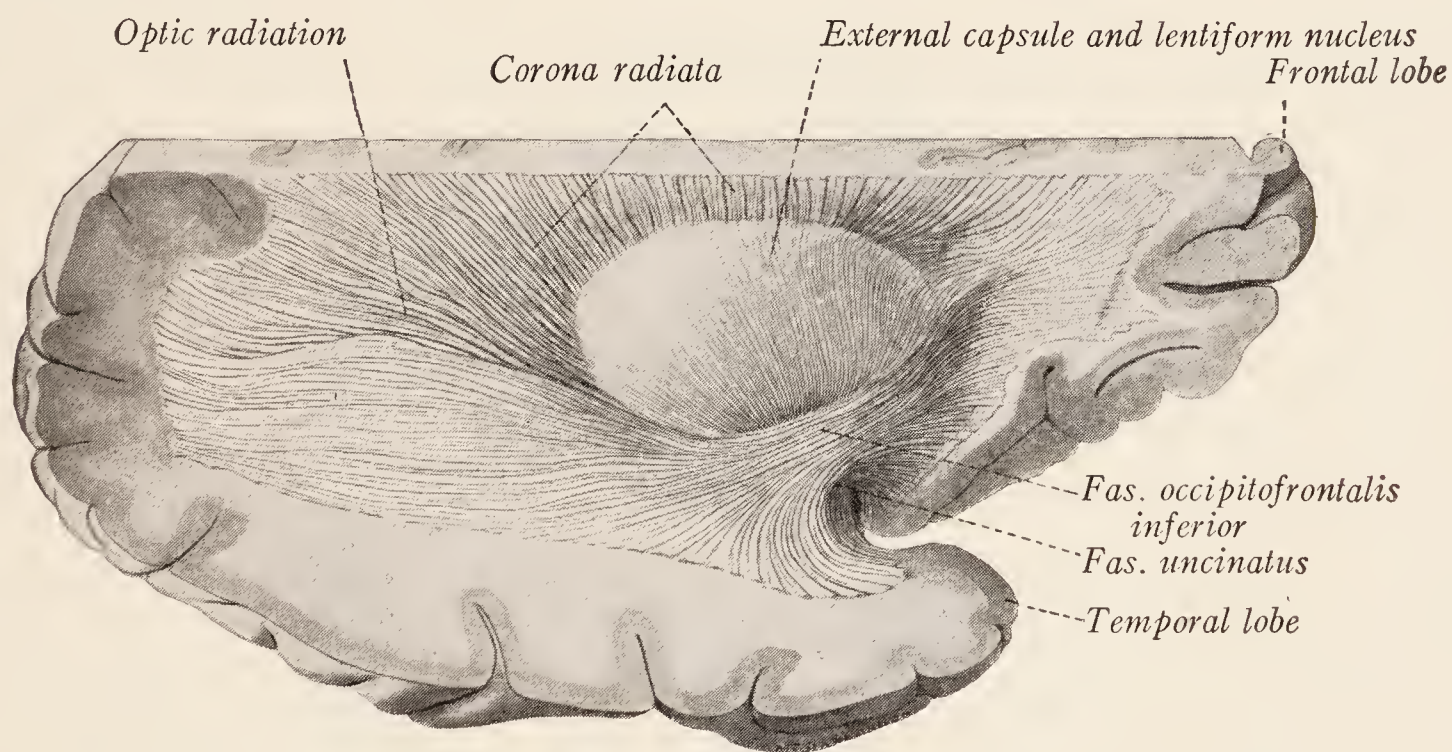


Fig. 219.—Lateral view of a dissection of a human cerebral hemisphere. The dorsal part of the hemisphere has been cut away. On the lateral side the insula, opercula, and adjacent parts have been removed.

*fibers* form bundles of considerable size, deeply situated in the medullary center of the hemisphere, and unite widely separated cortical areas. There are four of these which may be readily displayed by dissection of the human cerebral hemisphere, namely, the uncinatus, inferior occipitofrontal and superior longir-



tudinal fasciculi, and the cingulum. Another, known as the fasciculus occipitofrontalis superior, is less easily displayed.

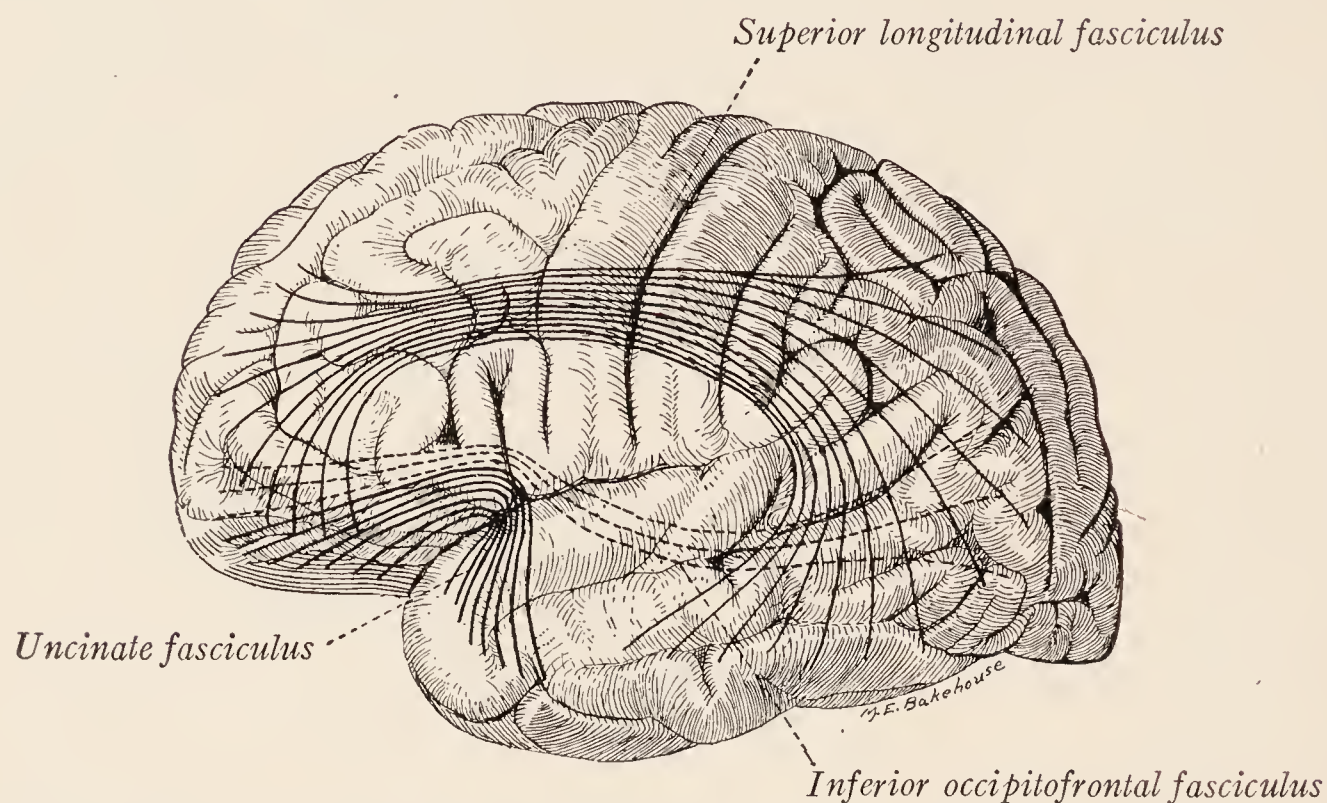


Fig. 220.—Some of the long association bundles projected upon the lateral aspect of the cerebral hemisphere.

The *cingulum* is an arched bundle which partly encircles the corpus callosum not far from the median plane (Figs. 200, 218). It begins ventral to the rostrum

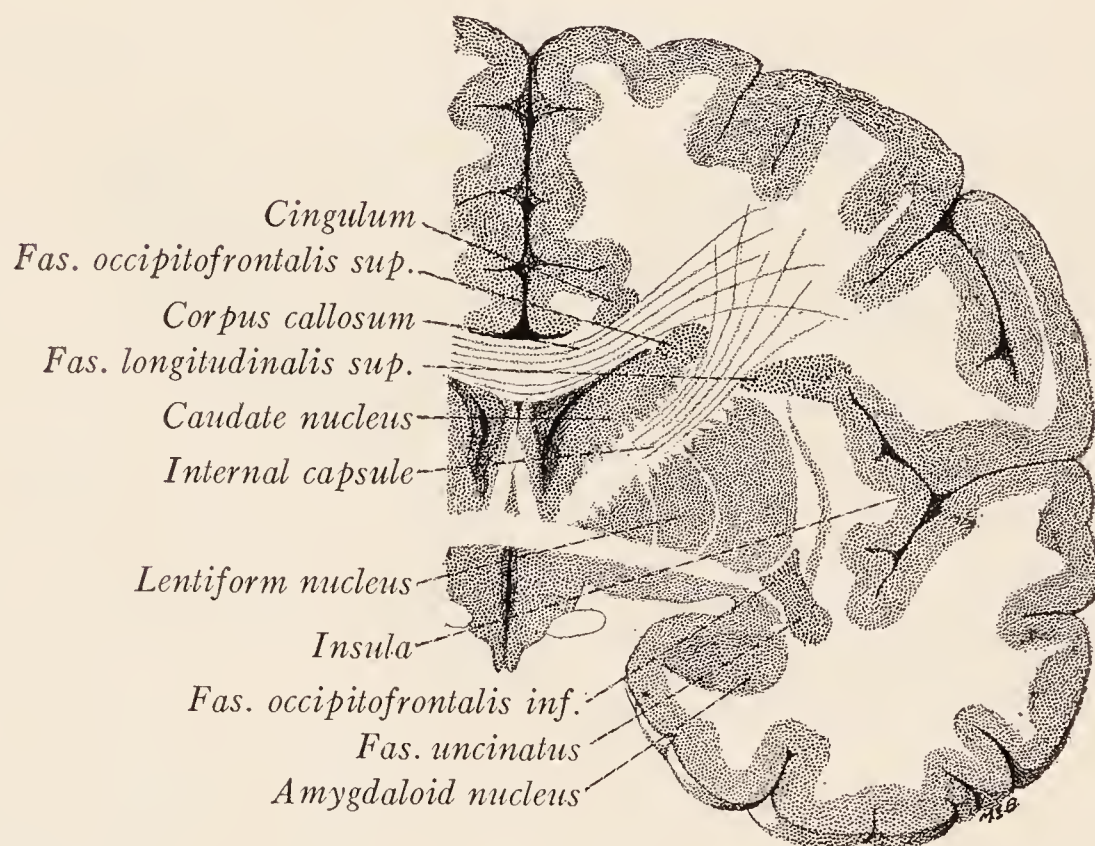


Fig. 221.—Frontal section of the cerebral hemisphere through the anterior commissure showing the location of the long association bundles.

of the corpus callosum, curves around the genu and over the dorsal surface of that commissure to the splenium, and then bends ventrally to terminate near the temporal pole. It is closely related to the gyrus cinguli and the hippocampal

gyrus and is composed for the most part of short fibers, which connect the various parts of these convolutions.

The *uncinate fasciculus* connects the orbital gyri of the frontal lobe with the rostral part of the temporal lobe. It is sharply bent on itself as it passes over the stem of the lateral fissure of the cerebrum (Figs. 219, 220).

The *superior occipitofrontal fasciculus* runs in an arched course close to the dorsal border of the caudate nucleus and just beneath the corpus callosum. It is separated from the superior longitudinal fasciculus by the corona radiata (Fig. 221).

The *interior occipitofrontal fasciculus* runs from the occipital to the frontal lobes along the ventrolateral border of the lentiform nucleus (Figs. 219, 220). It can be displayed by dissection, but this method cannot be regarded as giving a satisfactory demonstration that it is composed of long fibers joining the frontal and occipital lobes. It is included in the external sagittal stratum (Figs. 376, 379).

The *superior longitudinal fasciculus* (*fasciculus arcuatus*) is a bundle of association fibers which serves to connect many parts of the cortex on the lateral surface of the hemisphere (Fig. 220). It sweeps over the insula, occupying the base of the frontal and parietal opercula, and then bends downward into the temporal lobe (Fig. 200). It is composed for the most part of bundles of rather short fibers which radiate from it to the frontal, parietal, occipital, and temporal cortex.

An *inferior longitudinal fasciculus* has been described as a large bundle which runs through the entire length of the temporal and occipital lobes (Fig. 218). It forms part of the external sagittal stratum (Figs. 377, 379) and it consists chiefly of geniculocalcarine projection fibers.



## CHAPTER XVIII

### THE RHINENCEPHALON

THE olfactory portions of the cerebral hemisphere may all be grouped together under the name *rhinencephalon*. Phylogenetically very old, this part of the brain varies greatly in relative importance in the different classes of vertebrates. The central connections of the olfactory nerves form all or almost all of the cerebral hemispheres in the selachian brain (Fig. 393); while in the mammal the non-olfactory cortex or neopallium has become the dominant part. Even among the mammals there is great variation in the importance and relative size of the olfactory apparatus. The rodents, for example, depend to a great extent on the sense of smell in their search for food, and possess a highly developed rhinencephalon. Such mammals are classed as *macrosmatic*. Man, on the other hand, belongs in this respect with the *microsmatic* mammals, because in his activities the sense of smell has ceased to play a very important part, and his olfactory centers have undergone retrogressive changes. The carnivora and ruminants are in an intermediate group. The sheep's brain furnishes a good illustration of this intermediate type, and displays much more clearly than the human brain the various parts of the rhinencephalon and their relation to each other.

**Parts Seen on the Basal Surface of the Brain.**—A comparison of the basal surface of the sheep's brain with that of the human fetus of the fifth month shows a remarkable similarity in the parts under consideration (Figs. 222, 223). The *olfactory bulb*, which is the olfactory center of the first order, is oval in shape and attached to the hemisphere rostral to the anterior perforated substance. It lies between the orbital surface of the cerebral hemisphere and the cribriform plate of the ethmoid bone. Through the openings in this plate numerous fine filaments, the *olfactory nerves*, reach the bulb from the olfactory mucous membrane. It contains a cavity, the *rhinocoele*, continuous with the lateral ventricle. In the adult human brain the cavity is obliterated and the connection between bulb and hemisphere is drawn out into the long *olfactory tract*. This is lodged in the olfactory sulcus on the orbital surface of the frontal lobe (Figs. 97, 199). It contains olfactory fibers of the second order connecting the bulb with the secondary olfactory centers in the hemisphere. At its point of insertion into the hemisphere the olfactory tract forms a triangular enlargement, the *olfactory trigone*.

From the point of insertion of the olfactory bulb or tract a band of gray matter, the *medial olfactory gyrus*, can be seen extending toward the medial surface of the hemisphere (Figs. 222, 223). A similar gray band, the *lateral ol-*



*factory gyrus*, runs caudalward on the basal surface of the sheep's brain. Along its lateral border it is separated from the neopallium by the rhinal fissure; while its medial border contains a band of fibers, the *stria olfactoria lateralis* (Fig. 222). The same gyrus is seen in the brain of the human fetus, but here it is directed outward toward the insula (Fig. 223). In the adult human brain these olfactory convolutions are very inconspicuous, and with the fibers from the olfactory tract which accompany them are usually designated as the *medial* and *lateral olfactory striæ* (Fig. 99).

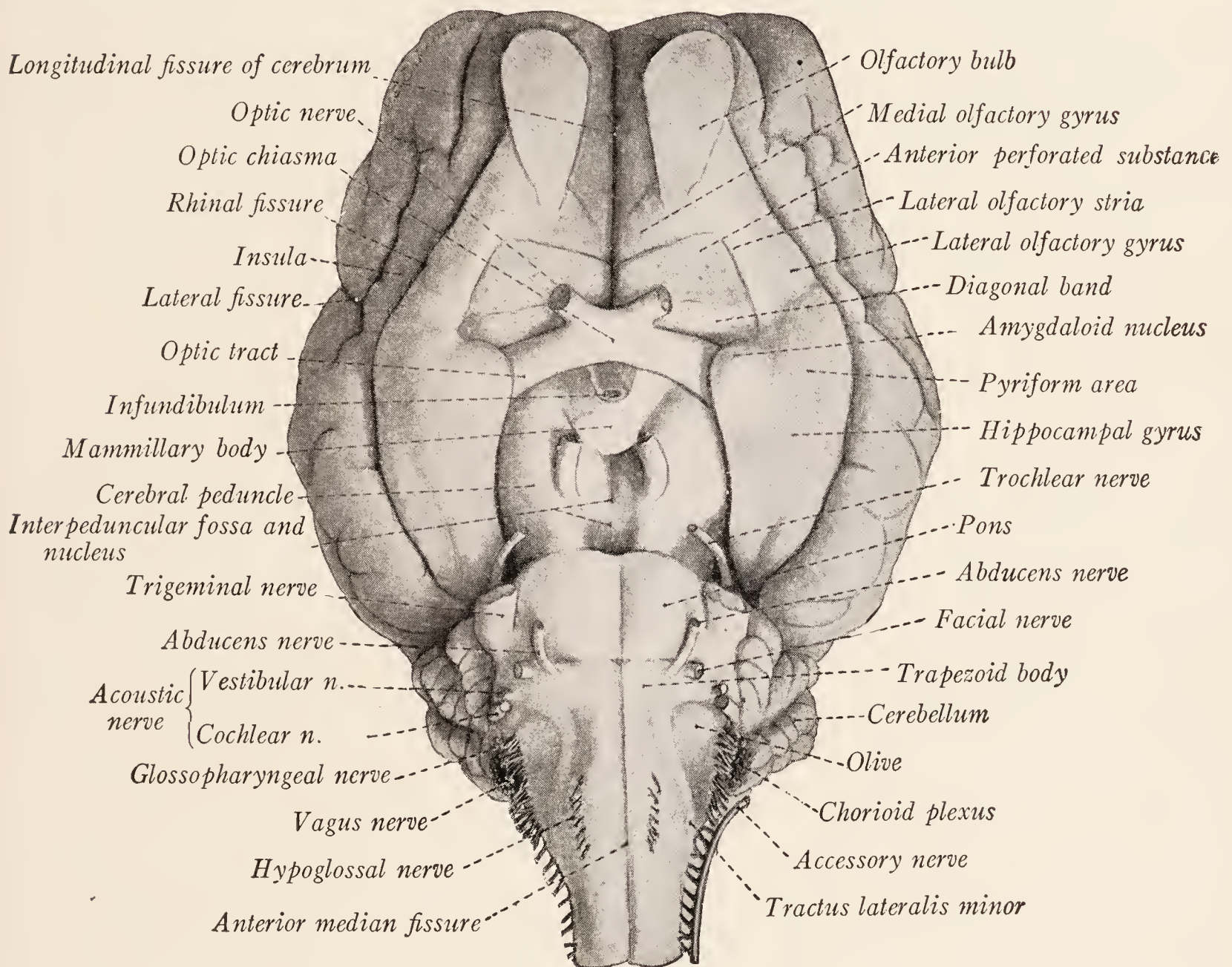


Fig. 222.—Ventral view of the sheep's brain.

Between the olfactory trigone and the medial olfactory gyrus, on the one hand, and the optic tract on the other, is a depressed area of gray matter known as the *anterior perforated substance*, through the openings in which numerous small arteries reach the basal ganglia (Figs. 99, 222). The part immediately rostral to the optic tract forms a band of lighter color, known as the diagonal gyrus of the rhinencephalon or the *diagonal band* of Broca (Fig. 222). This can be followed on to the medial surface of the hemisphere, where it is continued as the *paraterminal body* or subcallosal gyrus (Fig. 225). Rostral to this gyrus the *hippocampal rudiment*, which corresponds in part to the parolfactory area of Broca, extends as a narrow band from the rostrum of the corpus callosum



toward the medial olfactory gyrus. In those mammals which possess an especially rich innervation of the nose and mouth, the region of the anterior perforated space is marked by a swelling, sometimes of considerable size, called the *tuberculum olfactorium*. According to Retzius, a small oval mass is present

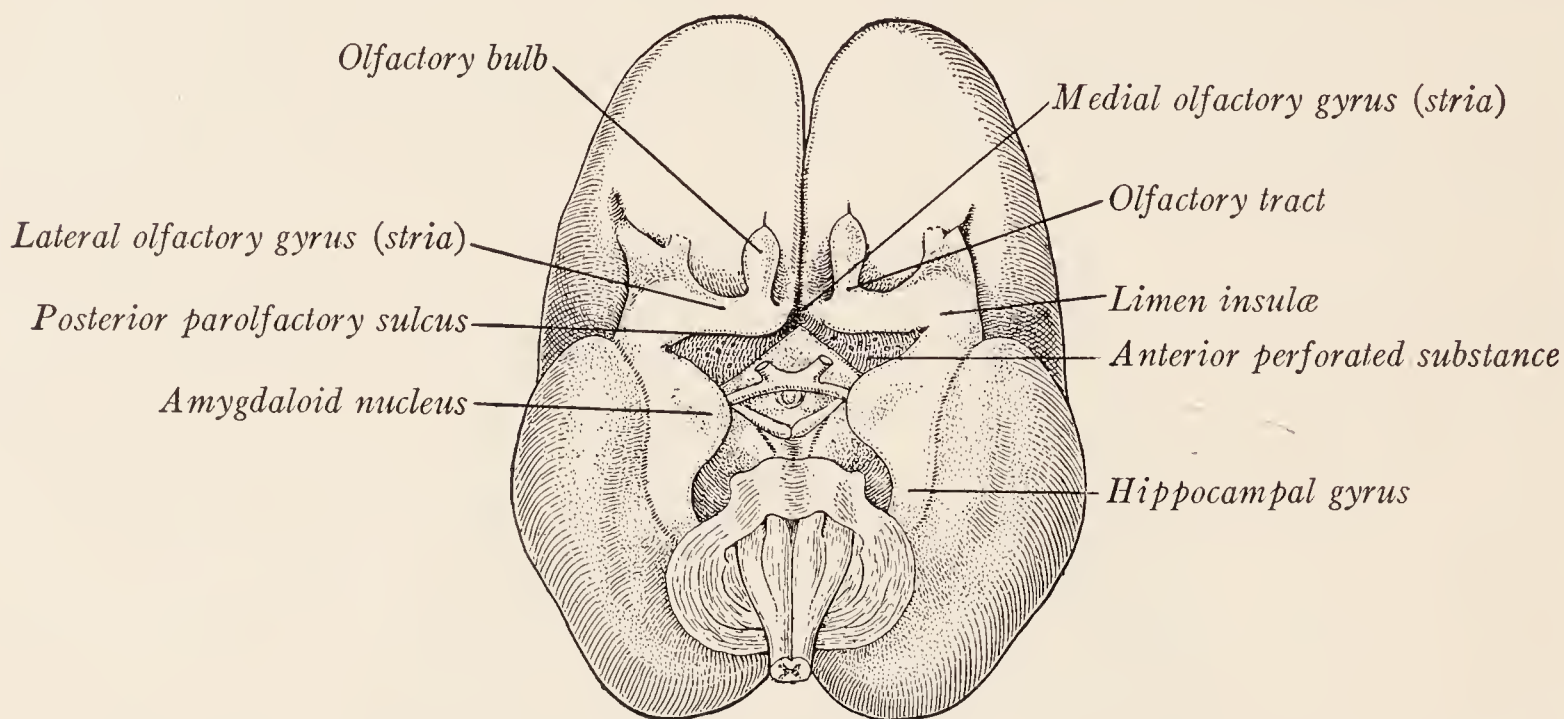


Fig. 223.—Brain of a human fetus of 22.5 cm. Ventral view. (Retzius, Jackson-Morris.)

in the anterior perforated substance of man immediately adjacent to the olfactory trigone, which represents this tubercle.

**The Pyriform Area.**—The lateral olfactory gyrus is continuous at its caudal extremity with the hippocampal gyrus (Figs. 222, 223), and the two together form the pyriform area or lobe (Fig. 224). In the adult human brain it is more difficult to demonstrate the continuity of these parts. As the temporal lobe is

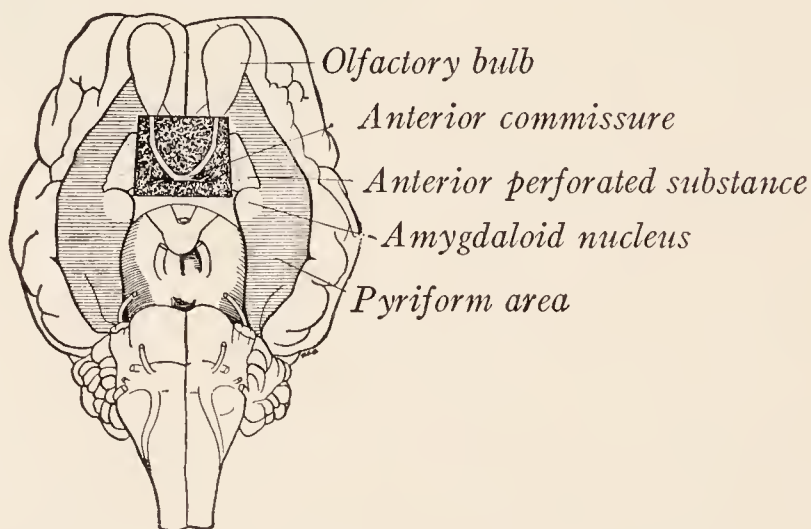


Fig. 224.—Ventral view of a sheep's brain, pyriform area shaded and anterior commissure exposed.

thrust rostrally and the insula becomes depressed, the pyriform area is bent on itself like a **V** (Fig. 223). The knee-like bend forms the *limen insulæ*, and with the rest of the insula becomes buried at the bottom of the lateral fissure. The continuity of the pyriform area is not interrupted in the adult, though part of it is hidden from view. It includes the *lateral olfactory stria* and the *cortex subjacent* to it (or lateral olfactory gyrus), the *limen insulæ*, the *uncus*, and at

least a part of the *hippocampal gyrus* (Fig. 225). It is not easy to determine just how much of the human hippocampal gyrus should be included. Cajal

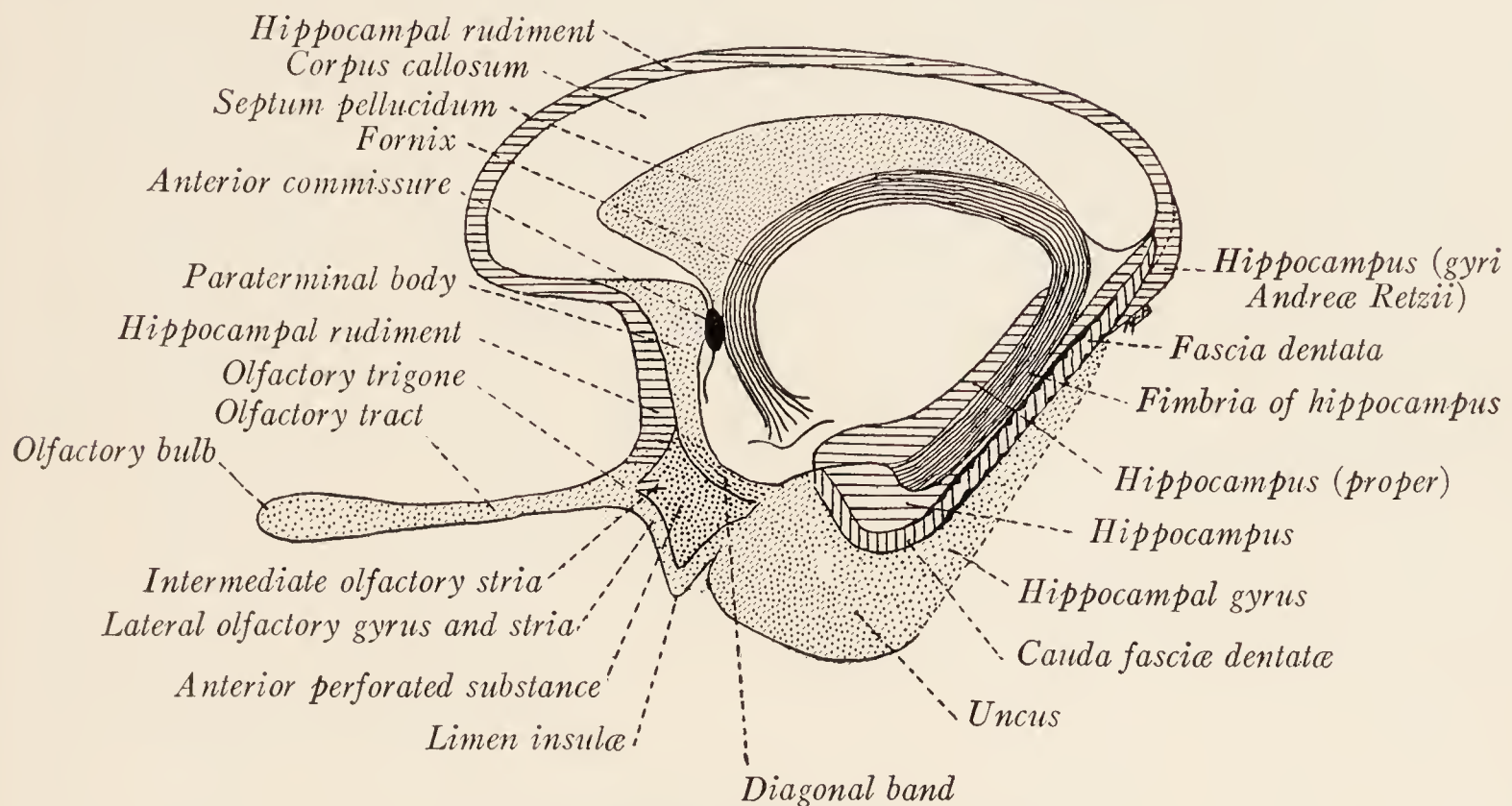


Fig. 225.—Diagram of the rhinencephalon.

(1911) apparently includes the entire gyrus, while Elliot Smith (1915) limits it to the part of the gyrus dorsal to the rhinal fissure. In Fig. 225 we have followed the outlines of the hippocampal region as given by Brodmann (1909).

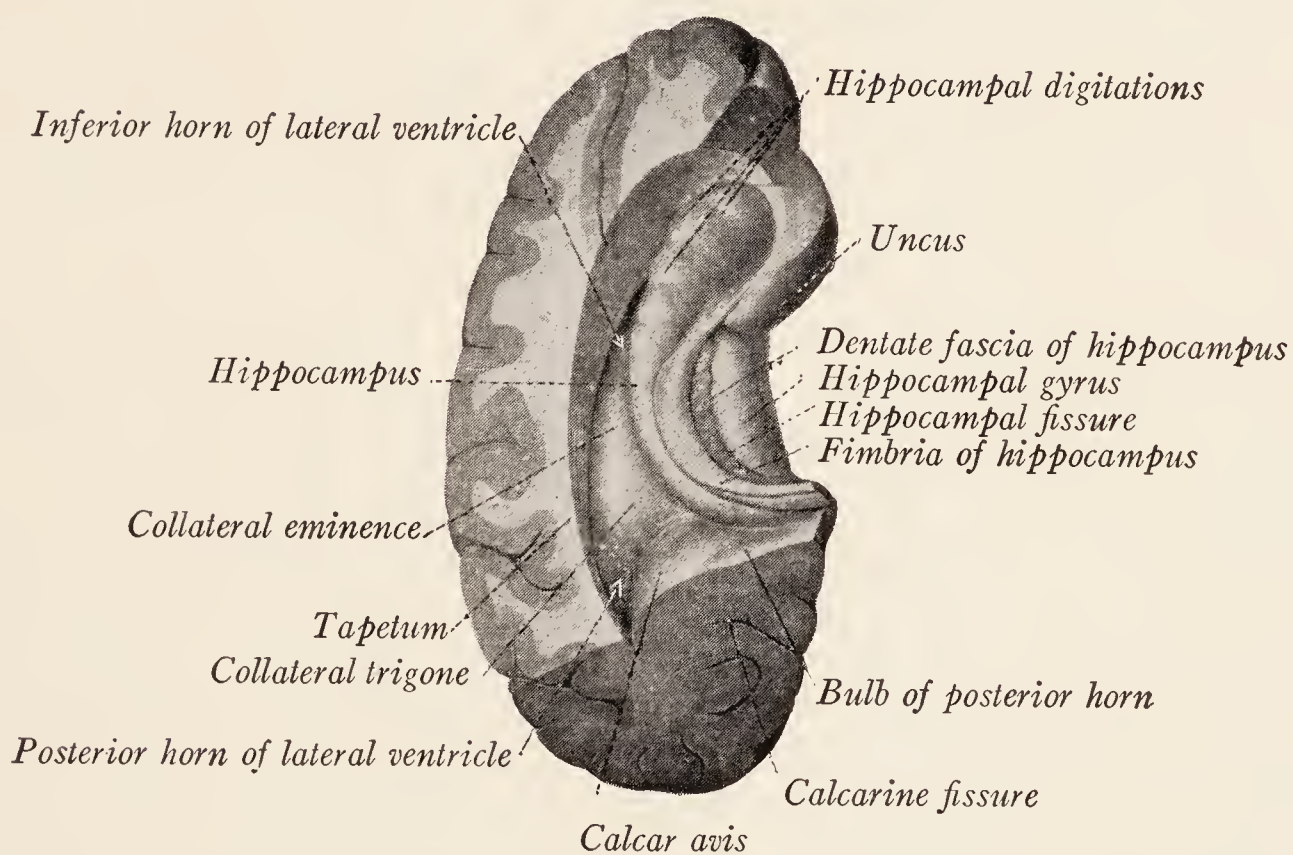


Fig. 226.—Part of temporal lobe of human brain showing inferior horn of lateral ventricle and the hippocampus. Dorsal view. (Sobotta-McMurrich )

**The Hippocampus.**—An olfactory center of still higher order is represented by the hippocampus, which was seen in connection with the study of the lateral ventricle. If we turn again to the floor of the inferior horn of the lateral ven-



tricle we shall see a long curved elevation projecting into the cavity (Figs. 205, 226). This is the hippocampus and is formed by highly specialized cortex which has been rolled into the ventricle along the line of the hippocampal fissure (Fig. 234). It is covered on its ventricular surface by a thin coating of white matter, called the *alveus*, which is continuous along its medial edge with a band of fibers known as the *fimbria of the hippocampus*. This, in turn, is continuous with the fornix (Figs. 226, 230). In Fig. 226 there may be seen, along the border of the fimbria, a narrow serrated band of gray matter, the *fascia dentata*, which lies upon the medial side of the hippocampus. It is separated from the hippocampal gyrus by a shallow groove, called the *hippocampal fissure*, that marks the line along which the hippocampus has been rolled into the ventricle.

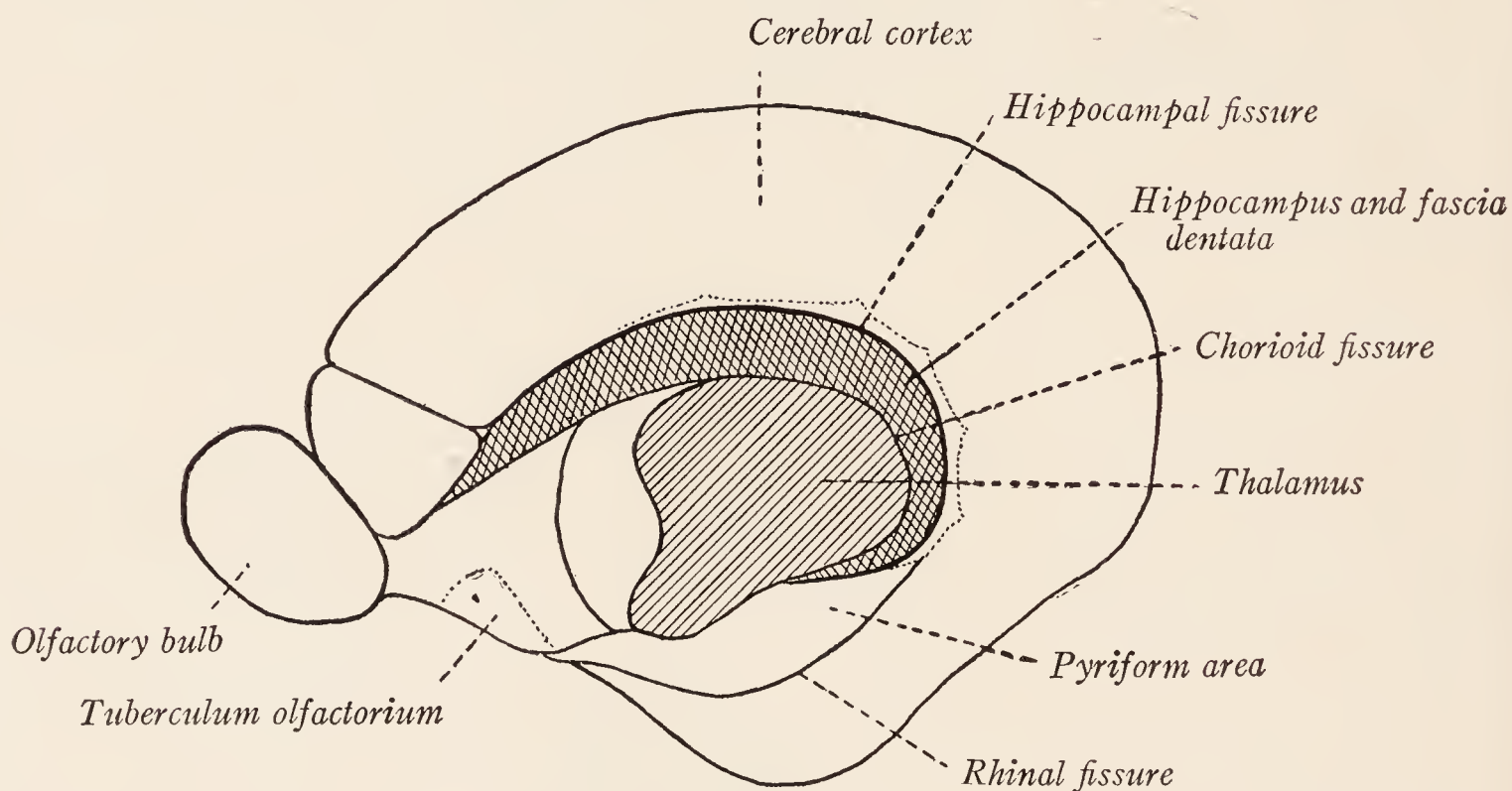


Fig. 227.—Median view of the cerebral hemisphere of a monotreme *Ornithorhynchus*. (Elliot Smith.)

The hippocampus and fascia dentata belong to the archipallium. In the marsupials and monotremes this extends dorsally on the medial surface of the hemisphere in a curve, which suggests that of the corpus callosum (Fig. 227). In the higher mammals the presence of a massive corpus callosum seems to inhibit the development of the adjacent part of the hippocampal formation, which remains as the vestigial indusium griseum, or supracallosal gyrus. This *hippocampal rudiment* is a thin layer of gray matter on the dorsal surface of the corpus callosum, within which are found delicate strands of longitudinal fibers. Two of these strands, placed close together on either side of the median plane, are more conspicuous than the others, and are known as the *medial longitudinal striæ* (Fig. 200). On either side, where the supracallosal gyrus bounds the sulcus of the corpus callosum, there is a less distinct strand, the lateral longitudinal stria. The hippocampal rudiment can be traced upon the medial surface of the hemisphere from the region of the medial olfactory gyrus (or stria) toward the rostrum of the corpus callosum, then around the dorsal surface of that great



commissure to the splenium, behind which it becomes continuous with the hippocampus proper, where this comes to the surface in the angle between the fascia dentata and the hippocampal gyrus (Fig. 225—Elliot Smith, 1915).

**The Fornix.**—Within the hippocampus fibers arise which run through the white coat on its ventricular surface, known as the *alveus*, into the *fimbria*. This is a thin band of fibers, running along the medial surface of the hippocampus and joining with the alveus to form the floor of the inferior horn of the lateral ventricle (Figs. 226, 234). The fimbria increases in volume as it is traced toward the splenium of the corpus callosum, to the under surface of which it becomes applied, where, together with its fellow of the opposite side, it forms the fornix.

The *fornix*, which is represented diagrammatically in Fig. 228, is an arched fiber tract, consisting of two symmetric lateral halves, which are separate at either extremity, but joined together beneath the corpus callosum. This medially placed portion is known as the *body of the fornix*. From its caudal extrem-

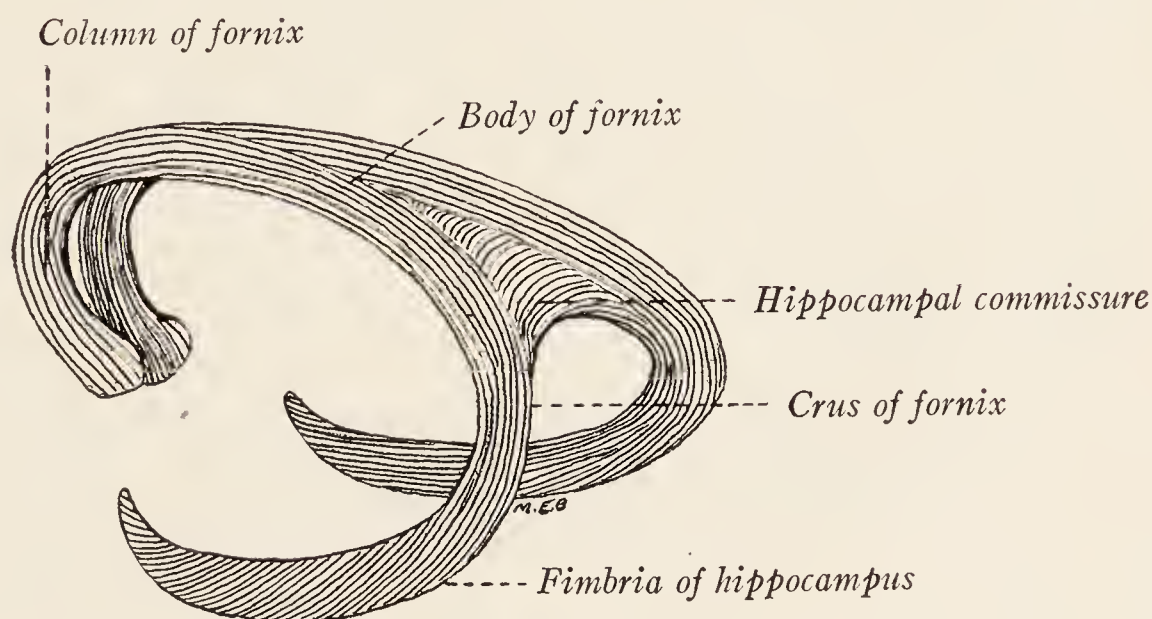


Fig. 228.—Diagram of the fornix.

ity the *fimbriæ* diverge, and one of them runs along the medial aspect of each hippocampus. In man the hippocampus does not reach the under surface of the corpus callosum, and the part of the fimbria which joins the body of the fornix, being unaccompanied by hippocampus, is known as the *crus fornicis*. Rostrally the fornix is continued as two arched pillars, the *columnæ fornicis*, to the mammillary bodies.

The *body of the fornix* is triangular, with its apex directed rostrally. It consists in large part of two longitudinal bundles of fibers, representing the continuation of the fimbriæ, widely separated at the base of the triangle, but closely approximated at the apex, whence they are continued as the *columnæ fornicis*. At the point where these longitudinal bundles diverge toward the base of the triangle they are united by transverse fibers which join together the two hippocampi by way of the fimbriæ. These fibers constitute the hippocampal commissure (Fig. 206). This part of the fornix, because of its resemblance to a harp, was formerly known as the psalterium.



The *columnæ fornicis* are round fascicles which can be traced ventrally in an arched course to the mammillary bodies (Figs. 228, 230). They are placed on either side of the median plane. Each consists of an initial free portion, which forms the rostral boundary of the interventricular foramen, and a covered part, which runs through the gray matter in the lateral wall of the third ventricle to reach the mammillary body.

The *relations of the fornix* are well shown in Figs. 168, 225, and 230. The body of the fornix intervenes between the corpus callosum, septum pellucidum, and cavity of the lateral ventricle on the one hand, and the transverse fissure of the cerebrum and the thalamus on the other. The fimbria and body of the fornix form one boundary of the chorioid fissure. This fissure, which is shown but

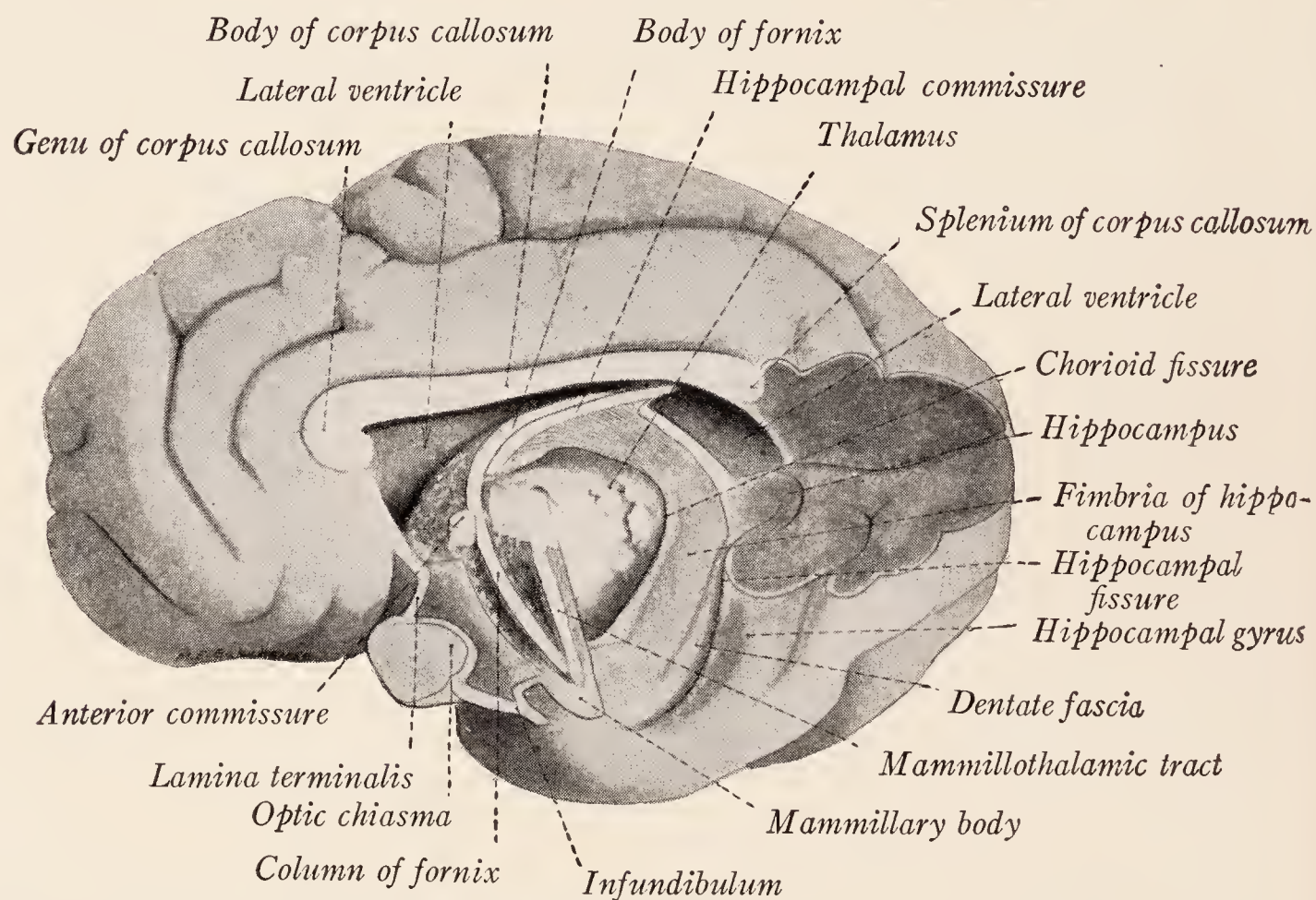


Fig. 229.—Dissection of the cerebral hemisphere of the sheep to show the fornix and hippocampus. Median view.

not labeled in Fig. 230, represents the line along which the chorioid plexus is invaginated into the lateral ventricle. When this plexus has been torn out, the fissure communicates with the interventricular foramen.

The **septum pellucidum** is the thin wall which separates the two lateral ventricles and fills in the triangular interval between the fornix and the corpus callosum (Fig. 230). It consists of two thin vertical laminae separated by a cleft-like interval, the cavity of the septum pellucidum (Fig. 204). Each lamina forms part of the medial wall of the corresponding hemisphere and the cavity, although sometimes called the fifth ventricle, develops as a cleft within the lamina terminalis and, therefore, bears no relation to the true brain ventricles, which are expansions of the original lumen of the neural tube.



The **anterior commissure**, like the hippocampal commissure, belongs to the rhinencephalon. It is a rounded fascicle which crosses the median plane in the dorsal part of the lamina terminalis just rostral to the columnæ fornicis (Fig. 230). In a frontal section of the brain, like that represented in Fig. 209, it can be traced lateralward through the most ventral part of the lentiform nucleus. It consists of two parts (Fig. 231). Of these, the more rostral is shaped like a horseshoe and joins together the two olfactory bulbs. This part can be readily dissected out in the sheep's brain (Fig. 224), but is poorly developed in man. The remaining portion, and in man the chief component, joins the pyriform areas of the two hemispheres together (Cajal, 1911).

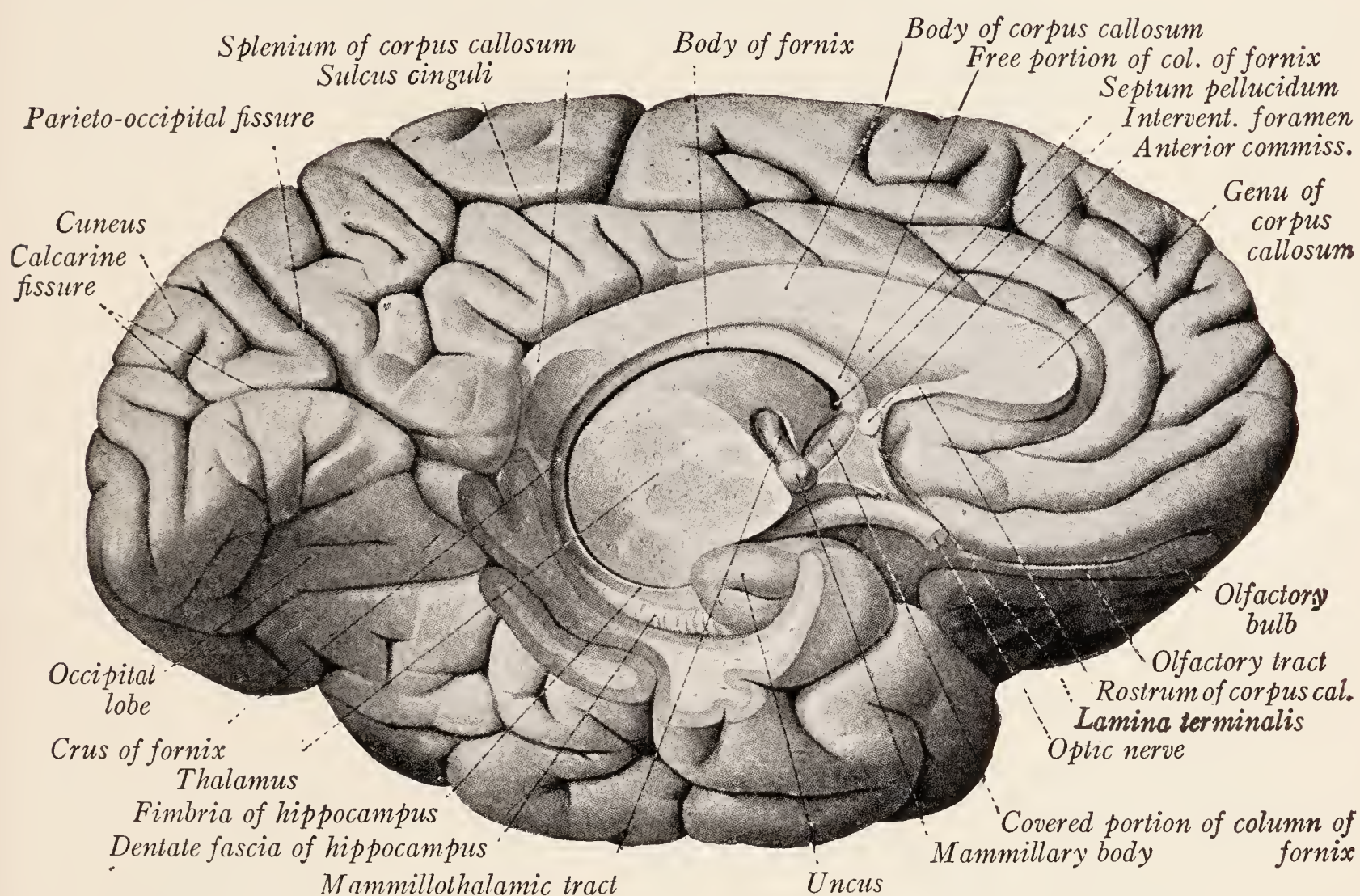


Fig. 230.—Dissection of the human cerebral hemisphere to show the fornix. Median view (Sobotta-McMurrich.)

We are now sufficiently acquainted with the anatomy of the rhinencephalon to undertake a study of the structure and connections of its various parts. Because of the wealth of detail which this subject offers we must confine our attention to the more important facts. Cajal (1911) has carried out extensive investigations concerning the structure and connections of the olfactory parts of the brain both in man and the smaller macrosmatic mammals, especially the mouse. His results, which differ in many respects from the ideas previously current, have been brought together in his "Histologie du Système Nerveux," Vol. II, pp. 646–823. The account which follows is largely based on his work.

**Structure and Connections of the Olfactory Bulb.**—In the olfactory portion of the nasal mucous membrane there are located *bipolar sensory cells*, each with a



thick peripheral process, the ciliated extremity of which reaches the surface of the epithelium. These are the olfactory neurons of the first order, and their slender central processes are the unmyelinated axons which constitute the olfactory nerves. These fibers are gathered into numerous small bundles, the filaments of the *olfactory nerve*, which pass through the cribriform plate of the ethmoid bone and immediately enter the olfactory bulb (Fig. 232). Here they



Fig. 231.—Horizontal section of the rostral portion of the cerebral hemispheres of a mouse to show the anterior commissure. Golgi method. *A*, Anterior and *B*, posterior portions of anterior commissure; *D*, fibers from the stria terminalis; *G*, anterior column of the fornix. (Cajal.)

form a feltwork of interlacing fibers over that surface of the bulb which is in contact with the cribriform plate.

The *olfactory bulb* of man is solid, and the original cavity is represented by a central gray mass of neuroglia. This is surrounded by a *deep layer of myelinated nerve-fibers* passing to and from the olfactory tract. Superficial to this are *several layers of gray matter* of very characteristic structure, and this, in turn, is covered with the *superficial layer of unmyelinated fibers* from the olfactory nerve filaments. Within the gray matter of the bulb are found three types of *neurons*,



the mitral, tufted, and granule cells. The large *mitral cells* are the most characteristic element; and their perikarya are closely grouped together, forming a well-defined layer (Fig. 233, C). The *tufted cells* are smaller and more superficially placed (Fig. 233, B). The larger dendrites from both these types of neurons are directed toward the superficial fiber layer. Each of these dendrites breaks up into many branches, which form a compact rounded bushy terminal. The

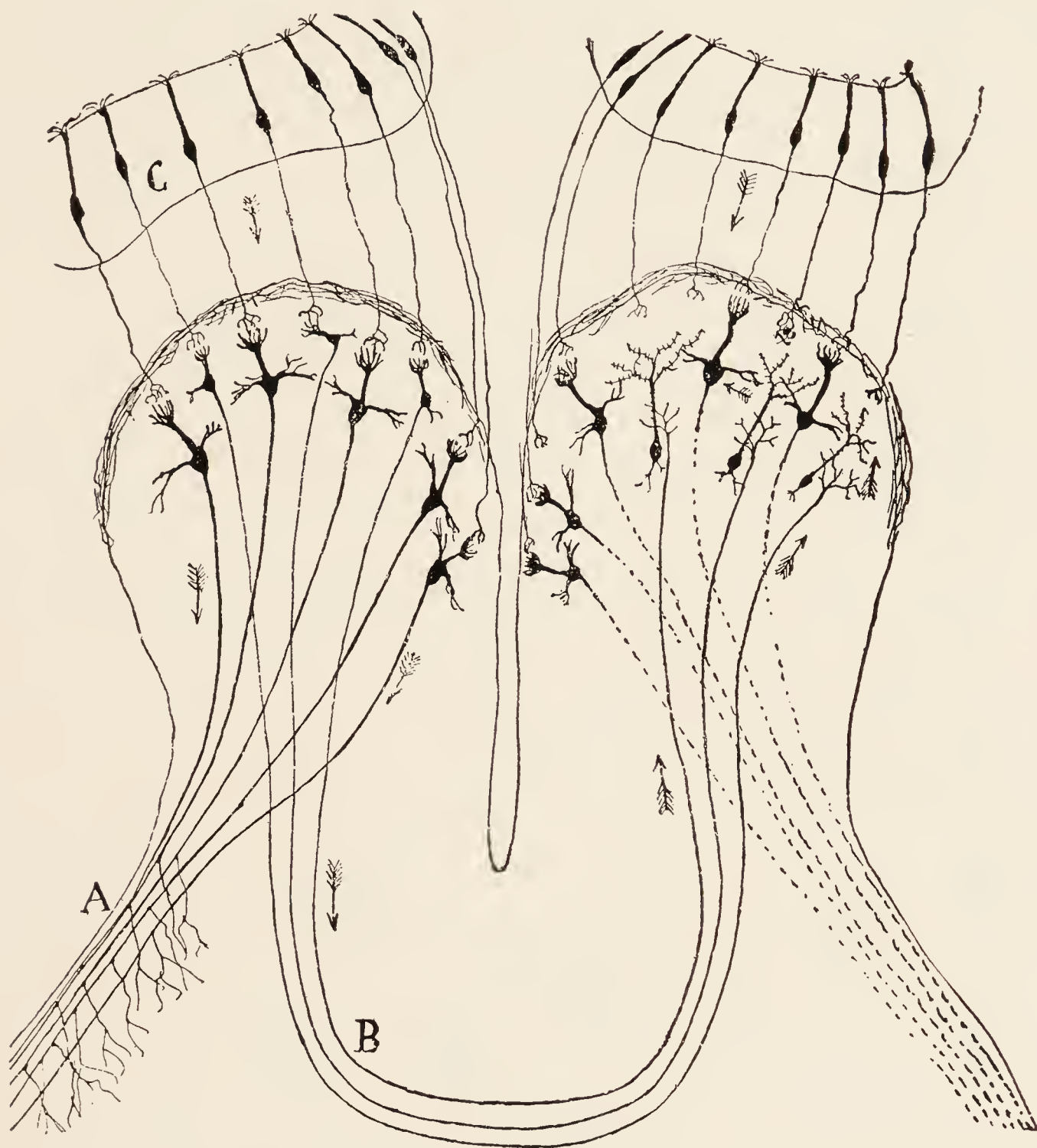


Fig. 232.—Diagram showing the direction of conduction in the olfactory nerve, bulb and tract: A, lateral olfactory stria; B, anterior portion of the anterior commissure; C, bipolar cells of the olfactory mucous membrane. (Cajal.)

terminal ramifications of olfactory nerve-fibers interlace with these dendritic branches, and the two together form a circumscribed, more or less spheric *olfactory glomerulus* (Fig. 233, A). These relations were demonstrated by Cajal, in 1890, and possess considerable theoretic and historic interest. Since in these glomeruli the olfactory nerve-fibers come into contact with only the dendritic ramifications of the mitral and tufted cells, it is evident that these dendrites must take up and transmit the olfactory impulses. That is to say, these glomer-



uli furnished positive proof that the dendrites are not, as had been thought by many investigators, merely root-like branches which serve for the nutrition of the cell. The mitral cells are larger than the tufted cells and their axons are thicker. These coarse *axons* are directed for the most part into the lateral ol-

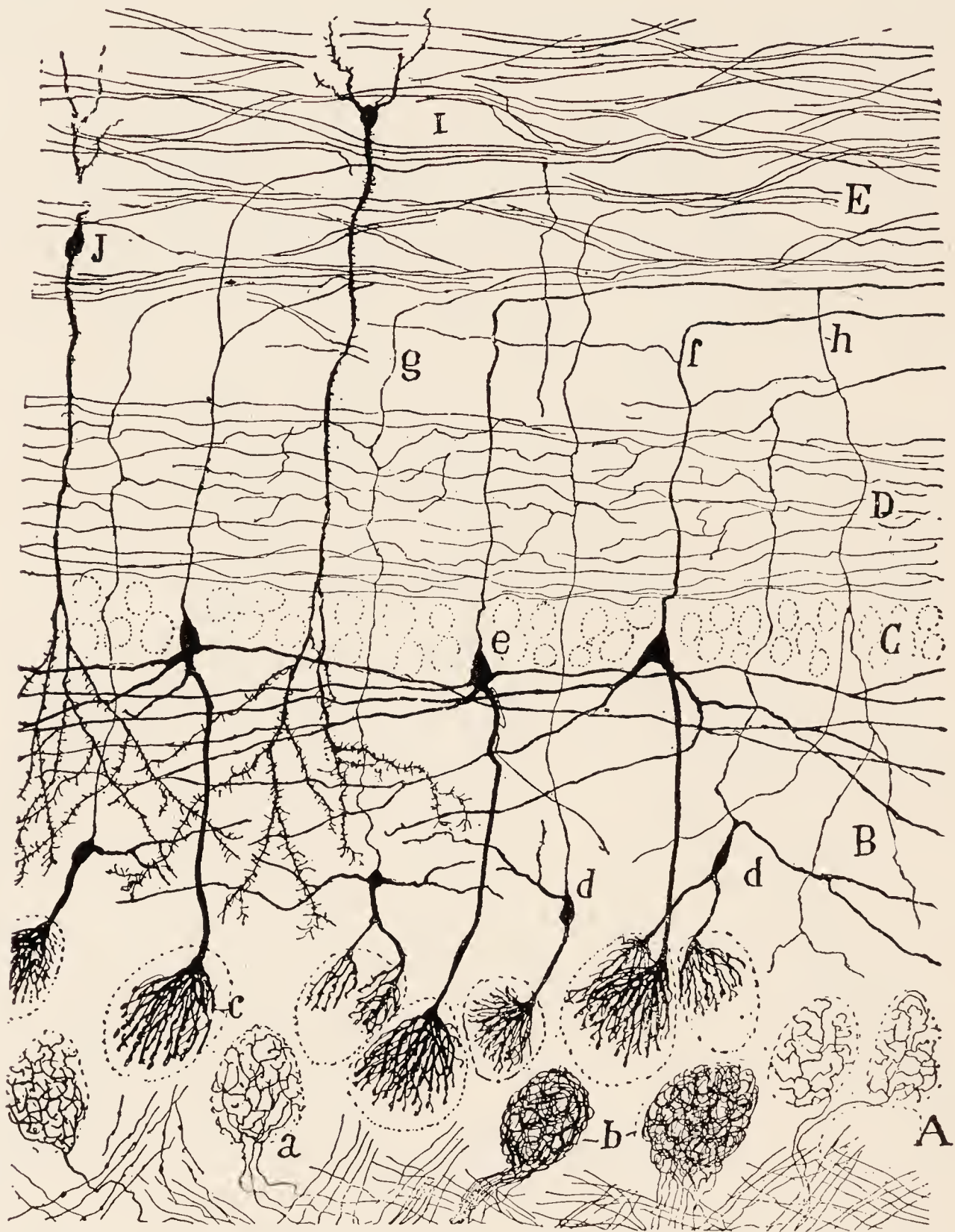


Fig. 233.—Section of the olfactory bulb of a kitten. Golgi method. *A*, Layer of glomeruli; *B*, external plexiform layer; *C*, layer of mitral cells; *D*, internal plexiform layer; *E*, layer of granules and white substance; *I*, *J*, granule cells; *a*, *b*, glomeruli, showing the terminations of the olfactory nerve-fibers; *c*, glomerulus, showing the terminal arborization of a dendrite of a mitral cell; *d*, tufted cells; *e*, mitral cell; *h*, recurrent collateral from an axon of a mitral cell. (Cajal.)

factory stria; while the finer axons of the tufted cells pass through the anterior commissure to the opposite olfactory bulb (Fig. 232). The axons of the deeply placed granule cells are relatively short and are directed toward the surface of the bulb.

The olfactory tract consists of fibers passing to and from the olfactory bulb.



Through it each bulb receives fibers from the other by way of the anterior commissure as well as from the hippocampal cortex. The fibers leaving the olfactory bulb are the axons of the mitral and tufted cells. By far the greater number of the axons of the mitral cells are continued into the lateral olfactory stria. A much smaller number terminates in the olfactory trigone and in the tuberculum olfactorium within the anterior perforated substance. Other fibers pass by way of the medial olfactory stria to the parolfactory area of Broca, to the subcallosal gyrus, and to the septum pellucidum. The fibers of the *lateral olfactory stria* run upon the surface of the *lateral olfactory gyrus*, also known as the frontal olfactory cortex, to which they give off collaterals (Fig. 232). The terminal fibers reach the *uncus* and part of the hippocampal gyrus. The chief olfactory centers of the second order are, therefore, found in the *pyriform area*.

According to Cajal (1911), the *hippocampal gyrus* may be subdivided in man, as in the mammals, into five areas: (1) the external region near the rhinal fissure; (2) the principal olfactory region, the most salient part of the convolution; (3) the presubiculum, a transitional area between 2 and 4; (4) the subiculum, near the hippocampal fissure, and (5) the caudal olfactory region, including the caudal part of the hippocampal gyrus. Of these five regions, Cajal finds fibers from the lateral olfactory stria going to the second or principal olfactory region only. The presubiculum and subiculum and the caudal olfactory region represent olfactory association centers. The subiculum is characterized by the presence of a thick layer of myelinated fibers upon its surface.

The **hippocampus**, which constitutes an olfactory center of a still higher order, is directly continuous with the portion of the hippocampal gyrus known as the subiculum (Fig. 234), and is formed by a primitive portion of the cortex that has been rolled into the ventricle along the line of the hippocampal fissure. Upon its ventricular surface it is covered by a thin layer of white matter, known as the alveus, through which the fibers arising in the hippocampus reach the fimbria and the fornix. Beginning at the line of separation from the fascia dentata, we may enumerate the constituent layers of the hippocampus as follows: the molecular layer, the layer of pyramidal cells, and the layer of polymorphic cells (Figs. 234, 235).

The *molecular layer* contains a superficial stratum of *tangential fibers* derived from the corresponding layer of the subiculum and from bundles of fibers that perforate the cortex of the subiculum (Fig. 235). More deeply placed is another fiber layer, containing collaterals from the pyramidal cells as well as collateral and terminal fibers from the alveus, and known as the *stratum lacunosum*. The molecular stratum in the hippocampus resembles that in other parts of the cortex in containing the terminal branches of the apical dendrites from the pyramidal cells, and a few nerve-cells which for the most part belong to Golgi's Type II.

*The Layer of Pyramidal Cells.*—The pyramidal cells are all of medium size and their fusiform bodies are rather closely packed together, forming a well-defined zone, the *stratum lucidum*. Their apical dendrites are directed toward



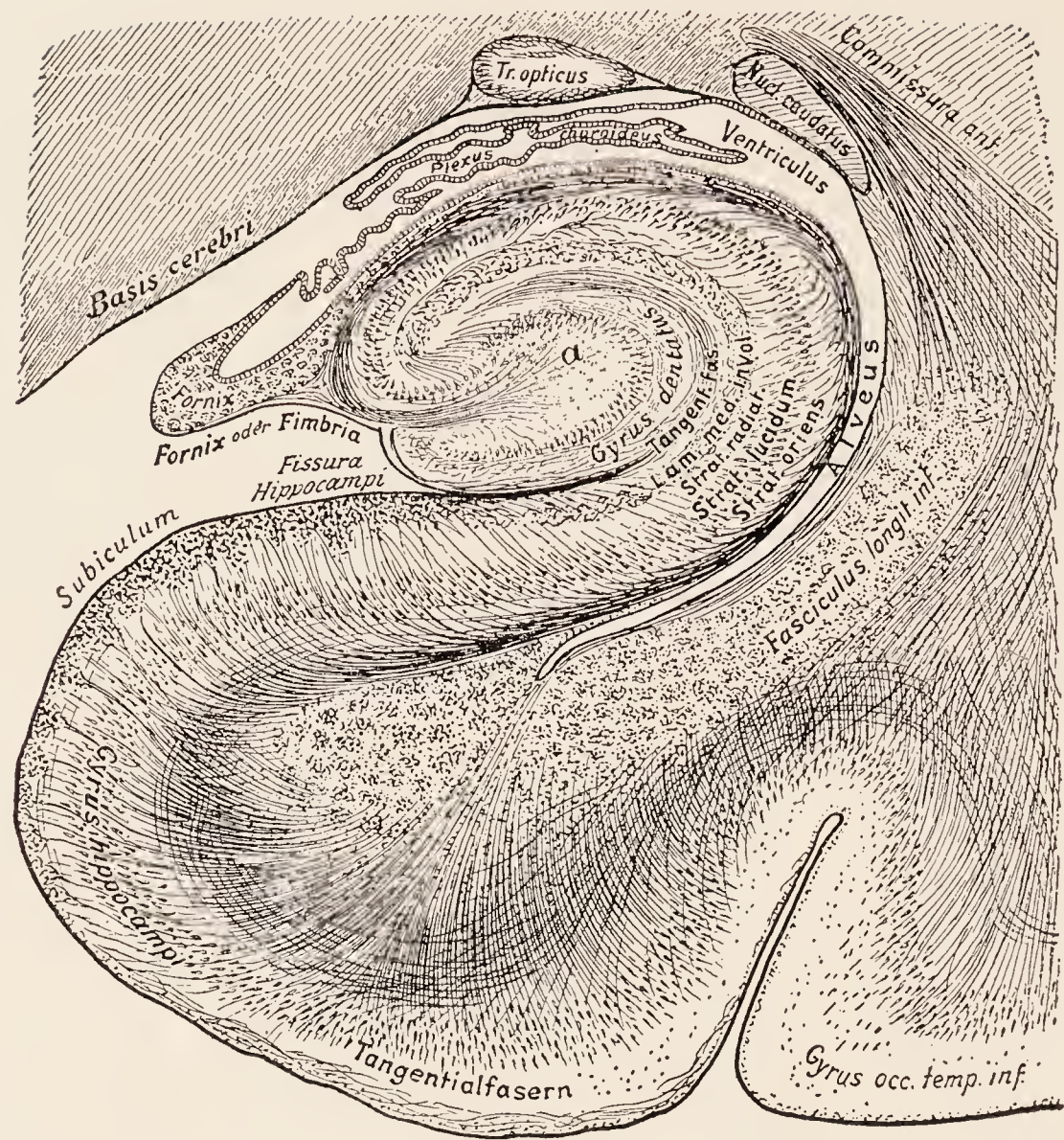


Fig. 234.—Cross-section of the hippocampus and hippocampal gyrus of man. (Edinger.)

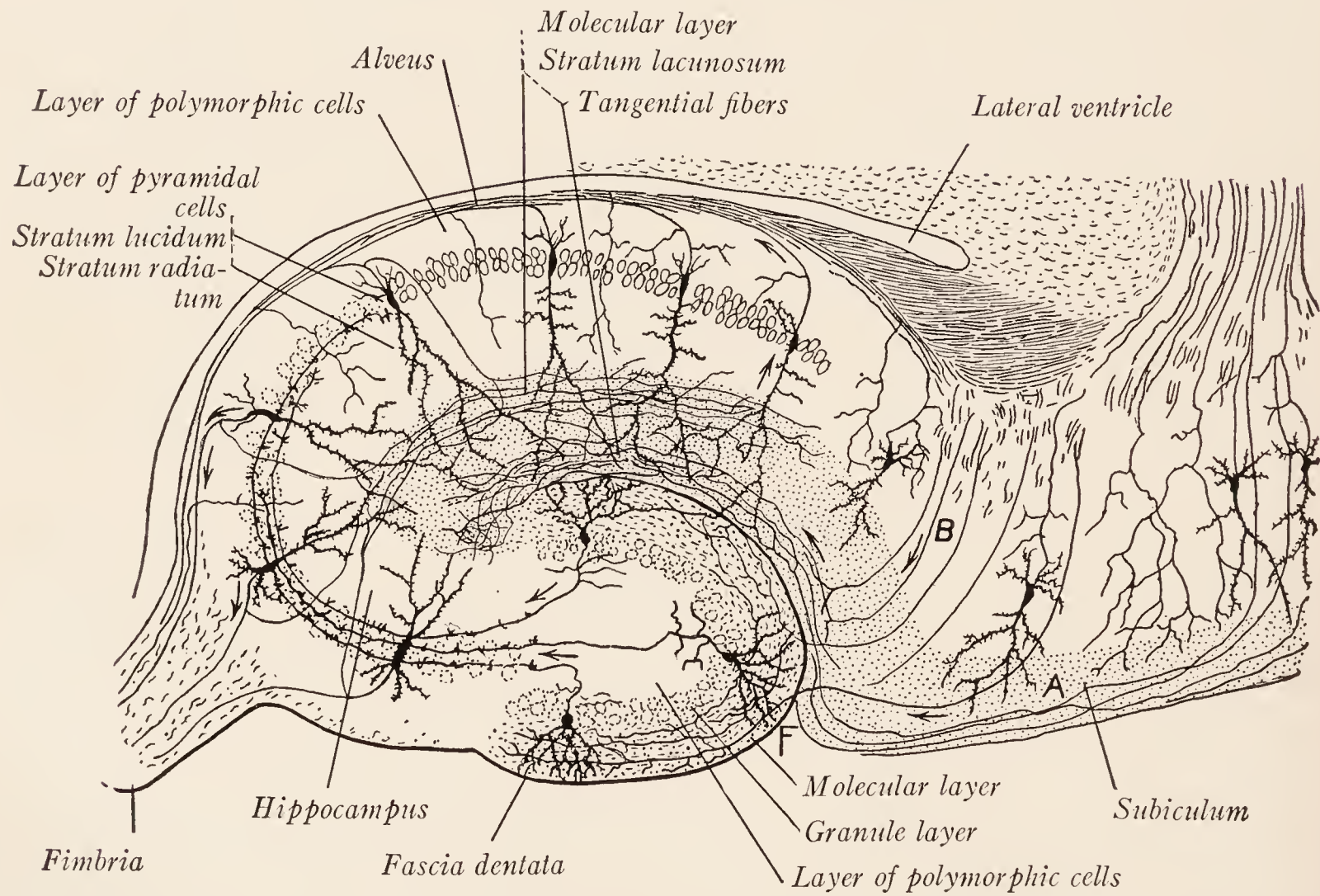


Fig. 235.—Diagram of the structure and connections of the hippocampus. The arrows show the direction of conduction: A, molecular layer, and B, pyramidal cell layer of the subiculum; F, hippocampal fissure. (Cajal.)



the molecular layer and form the chief constituent of the *stratum radiatum*. The axons of these cells, after giving off collaterals, enter the alveus.

The *layer of polymorphic cells*, also known as the *stratum oriens*, contains cells of Martinotti, that send their axons into the molecular layer, and still other cells the axons of which enter the alveus.

The *alveus* is a thin white stratum which separates the preceding layer from the ventricle. It is continuous, on the one hand, with the white center of the hippocampal gyrus, and on the other with the fimbria. Through it the efferent fibers of the hippocampus enter the fimbria and fornix. The fibers of the hippocampal commissure are also carried in the fimbria and enter the hippocampus through the alveus.

The **fascia dentata** also belongs to the archipallium and is closely related to the hippocampus, which it resembles somewhat in the structure of its three strata: the *molecular layer*, *granule layer*, and *layer of polymorphic cells* (Fig. 235). The *granules* may be regarded as modified pyramidal cells of small size, ovoid or fusiform in shape. Each possesses instead of a single apical dendrite two or three branching processes which extend into the molecular layer. The axons are directed into the layer of pyramidal cells of the hippocampus. Originally this layer of pyramidal cells was continuous with the granule layer of the fascia dentata, but in all the higher mammals a break in this cellular stratum has occurred at the point of transition between the two divisions of the archipallium.

#### THE OLFACTORY PATHWAYS

Impulses reach the glomeruli of the olfactory bulb along the fibers of the olfactory nerve and are here transferred to the dendrites of the mitral cells. Axons arising from these cells and running in the lateral olfactory stria transmit the impulses to the pyriform area (Fig. 232), whence they are conveyed to the hippocampus and fascia dentata by fibers entering the molecular layer in both of these parts of the hippocampal formation (Fig. 235).

According to Cajal, the fibers of the lateral olfactory stria terminate in the principal olfactory region of the hippocampal gyrus, and there are present within the cortex of the pyriform area sagittal association fibers which unite the principal olfactory region with the caudal olfactory region of the hippocampal gyrus. From this latter region fibers reach the hippocampus and fascia dentata. These are relatively thick fibers which are found at first in the angle of the subiculum and can be traced through all the layers of that center into the molecular layer of the hippocampus and fascia dentata (Fig. 235, *B*). Within the molecular layer the impulses are transferred from these fibers to the dendrites of the pyramidal and granule cells. It is said that fibers from the trigonum olfactorium, substantia perforata anterior, and septum pellucidum reach the hippocampus through the striæ longitudinales and the fornix, and serve as conductors of afferent impulses toward the hippocampus. But according to Cajal, "The hippocampus does not receive olfactory impulses from the frontal region of the brain, nor through the intermediation of the septum pellucidum."



The **efferent fibers from the hippocampus** represent the axons of the pyramidal cells. These penetrate the stratum oriens and enter the alveus (Fig. 235). Thence they are continued into the fimbria and fornix. They include both commissural and projection fibers. The *commissural fibers* serve to unite the two hippocampi and run through the hippocampal commissure as the transverse fibers of the psalterium. The *projection fibers* are continued rostrally; and

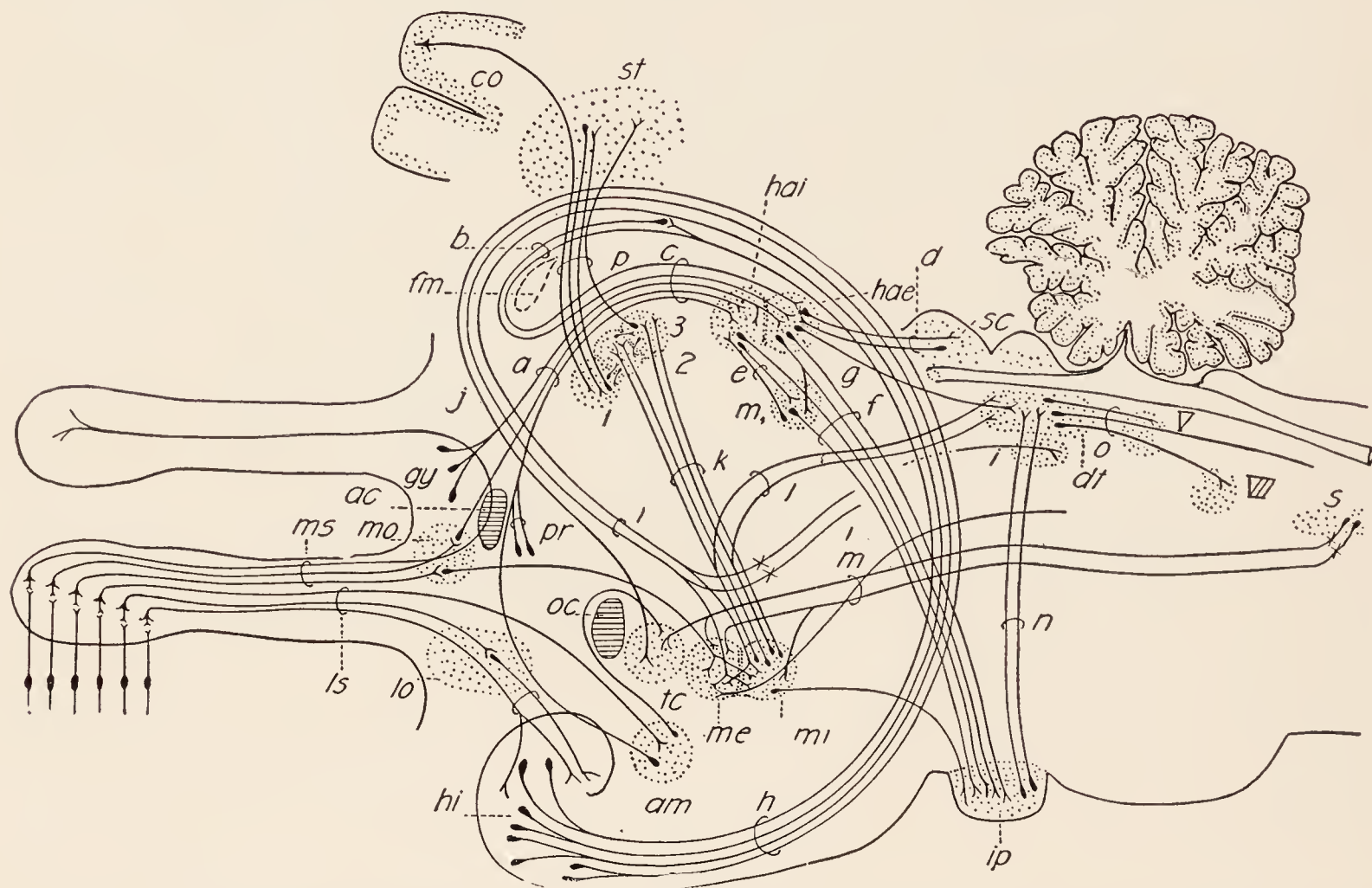


Fig. 236.—Olfactory connections of the diencephalon: *a*, Olfactohabenular fibers; *ac*, anterior commissure; *am*, amygdaloid nucleus; *b*, septohabenular and corticohabenular tract; *c*, stria medullaris; *co*, cortex; *d*, tectohabenular and habenulotectal fibers; *dt*, dorsal tegmental nucleus; *e*, habenulodiencephalic and thalamohabenular fibers; *f*, habenulopeduncular fibers; *fm*, foramen of Monro; *g*, habenulotegmental fibers; *gy*, gyrus subcallosus; *h*, fimbria; *hae*, external habenular nucleus; *hai*, internal habenular nucleus; *hi*, hippocampus; *i*, fornix; *ip*, interpeduncular nucleus; *j*, corticohypothalamic (and septohypothalamic) fibers; *k*, mammillothalamic fibers; *l*, mammilolotegmental fibers; *lo*, lateral olfactory area; *ls*, lateral olfactory stria; *m*, mammillary peduncle; *m<sub>1</sub>*, nucleus of Meynert's habenulopeduncular tract; *me*, external mammillary nucleus; *mi*, internal mammillary nucleus; *mo*, medial olfactory area; *ms*, medial olfactory stria; *n*, pedunculotegmental fibers; *o*, dorsal longitudinal fasciculus of Schultze; *oc*, optic chiasm; *pr*, preoptic area; *s*, bulbar centers; *sc*, superior colliculus; *st*, striatum; *tc*, tuber cinereum; *V*, motor nucleus of the fifth nerve; *VII*, motor nucleus of the seventh nerve; *1*, anterior dorsal nucleus; *2*, anterior medial nucleus; *3*, anterior ventral nucleus. (Huber and Crosby.)

in their course through the body of the fornix they form on either side of the median plane a longitudinal bundle, which is continued into the columna fornicis (Fig. 228). The latter bends caudally into the hypothalamic region, giving off fibers to the *mammillary body* where most of them end. The remaining fibers undergo a decussation just behind the mammillary body and are continued in the reticular formation of the brain stem (Fig. 236). It will be obvious that the fornix is the efferent projection tract of the archipallium and serves to con-



vey impulses from the hippocampus to the hypothalamus and reticular formation of the brain stem. Through the mammillary bodies olfactory impulses are relayed along the mammillothalamic tract to the anterior nucleus of the thalamus, and along the mammillotegmental bundle to the tegmentum of the pons and medulla oblongata (Fig. 236, *k, l*).

The **medial forebrain bundle** (Fig. 176, *MFB*) connects the ventromedial olfactory centers with the hypothalamus and with the preoptic area rostral and dorsal to the optic chiasma. It runs caudalward through the lateral part of the hypothalamus into the mesencephalic tegmentum (Fig. 180, *HL*). Physiological evidence indicates that the medial forebrain bundle is joined by descending fibers arising in the hypothalamus.

The **stria medullaris thalami** consists of fibers which arise in the medial olfactory area, subcallosal gyrus, preoptic area, and amygdaloid nucleus. The fibers converge to form a bundle that runs backward to the habenular nucleus (Fig. 236, *a*). For some distance in front of the habenular trigone the stria medullaris lies along the dorsomedial border of the thalamus (Figs. 167, 168).

The **stria terminalis** is a delicate fascicle of nerve-fibers which lies in the sulcus between the thalamus and caudate nucleus (Fig. 204), and accompanies the tail of the latter in the roof of the inferior horn of the lateral ventricle. It contains commissural fibers joining the amygdaloid nuclei of the two sides and projection fibers, the majority of which take origin from the amygdaloid nucleus. After following the curved course of the caudate nucleus, it bends ventrad toward the anterior commissure to which it contributes fibers. The majority of the fibers, however, enter the preoptic region and hypothalamus.

The **anterior perforated substance**, or at least its more rostral part, which corresponds to the tuberculum olfactorium of macrosmatic mammals, receives besides fibers from the olfactory tract other afferent fibers which, according to Edinger (1911), come from the pons, perhaps from the sensory nucleus of the trigeminal nerve. It is probably "especially concerned with the feeding reflexes of the snout or muzzle, including smell, touch, taste, and muscular sensibility, a physiologic complex which Edinger has called collectively the 'oral sense' " (Herrick, 1918).



## CHAPTER XIX

### THE CEREBRAL CORTEX

THE **cerebral cortex** forms a convoluted gray lamina, covering the cerebral hemisphere, and varies in thickness from 4 mm. in the anterior central gyrus to 1.25 mm. near the occipital pole. When sections through a fresh brain are examined macroscopically, the cortex is seen to be composed of alternating lighter and darker bands, the light stripes being produced by aggregations of myelinated nerve-fibers (Fig. 237).

**Nerve-fibers.**—In addition to a very thin superficial white layer of *tangential fibers* there are in most parts of the cerebral cortex two well-defined white bands,

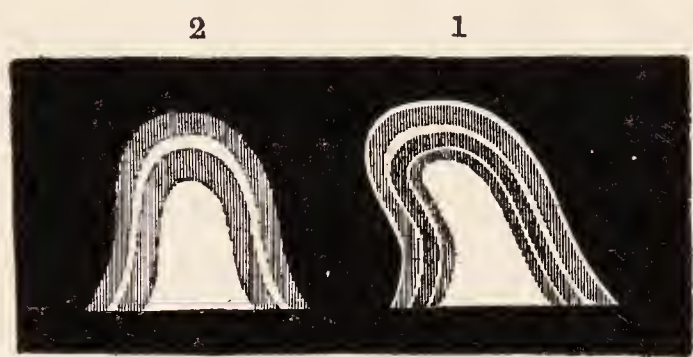


Fig. 237.—Schematic sections of cerebral gyri showing the alternate lighter and darker bands which compose the cerebral cortex: 1 shows the layers as seen in most parts of the cerebral cortex; 2, the layers as seen in the region of the calcarine fissure. (Baillarger, Quain's Anatomy.)

the nerve-cells into columnar groups, thus giving the cortex a radial striation (Fig. 240).

Many of the fibers in these radial bundles are *corticifugal*, representing the axons of the pyramidal and fusiform cells of the cortex. Within the medullary center they run (1) as association fibers to other parts of the cortex of the same hemisphere, (2) as commissural fibers through the corpus callosum to the opposite hemisphere, or (3) as projection fibers to the thalamus and lower lying centers. The others are *corticipetal* and are derived in part from the thalamic radiation; but an even greater number of them are the terminal portions of association and commissural fibers from other parts of the cortex. Many of these fibers end in the most superficial stratum of the cortex, the molecular layer, where the terminal branches of the apical dendrites of the pyramidal cells are widely expanded (Fig. 239). Others terminate as indicated in Fig. 238, where they are seen forming a close network of unmyelinated fibers. Enmeshed in the dense

the *inner and outer lines of Baillarger* (Figs. 237, 240). These two bands contain large numbers of myelinated nerve-fibers running in planes parallel to the surface of the cortex. In the region of the calcarine fissure only the outer line is visible; but this is very conspicuous and is here known as the *line of Gennari*. Myelinated fibers enter the cortex from the white center in bundles that in general have a direction perpendicular to the surface of the cortex. These bundles radiate into each convolution from its central white core and separate



fiber plexus indicated at *B*, Fig. 238, are the pyramidal cells illustrated in Layer III of Fig. 240.

The **nerve-cells** of the cortex are disposed in fairly definite layers as indicated in Fig. 240. We may enumerate five well-recognized varieties: (1) pyramidal,

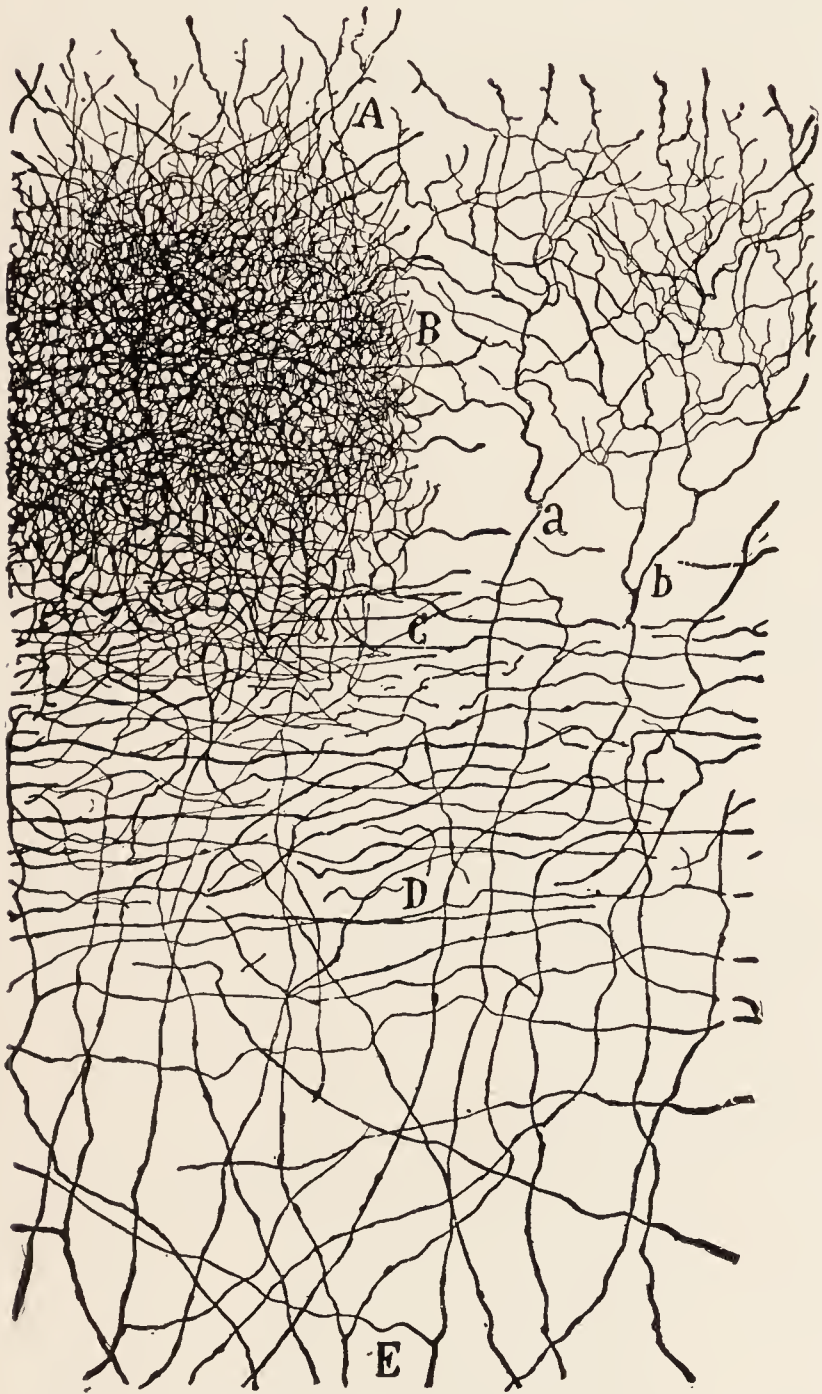


Fig. 238.—From the anterior central gyrus of the human cerebral cortex, showing the terminations of corticopetal fibers: *a*, *b*, Afferent fibers; *B*, dense network produced by the terminal branches of such fibers. Golgi method. (Cajal.)



Fig. 239.—Nerve-cells and neuroglia from the cerebral cortex: *A*, Neuroglia; *B*, horizontal cell of Cajal; *C*, pyramidal cells; *D*, cell of Martinotti; *E*, stellate cell.

(2) granule, (3) fusiform cells, (4) the horizontal cells of Cajal, and (5) the cells of Martinotti.

The **pyramidal cells** are the most numerous and are classified as small, medium, large, and giant pyramidal cells (Fig. 240). From the base of a pyramidal cell body an axon extends toward the subjacent white matter, giving off collaterals which ramify in the adjacent cortex (Fig. 24). The dendrites are of two kinds: a large apical dendrite and numerous smaller ones attached to the



base and sides of the pyramid. The apical dendrite appears as an extension of the cell body and is directed toward the surface of the cortex, near which it ends in spreading branches. Its length varies with the depth of the cell body from the surface. To an even greater extent than other dendrites it is provided with short thorny processes called "spines" or "gemmules."

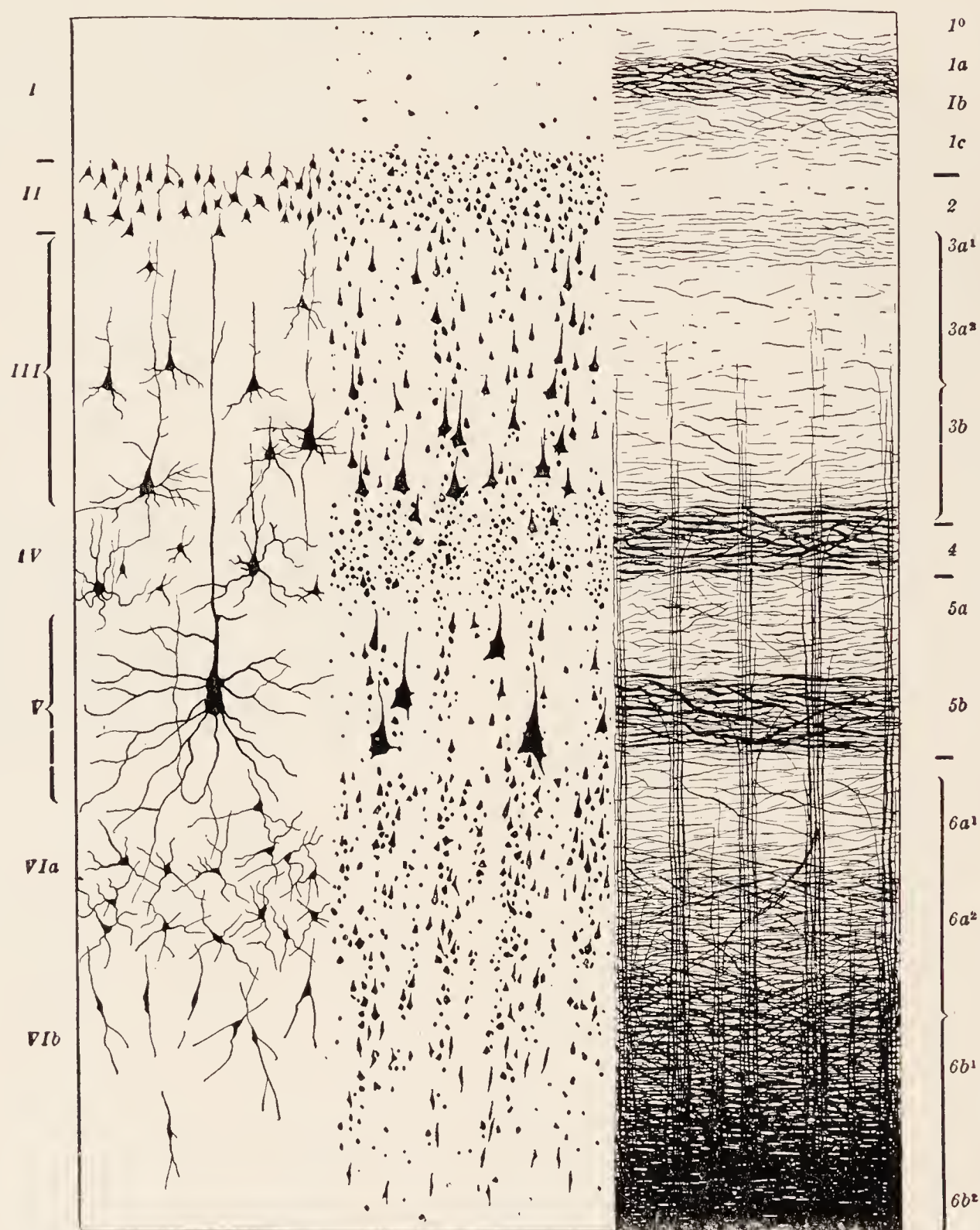


Fig. 240.—Diagram of the structure of the cerebral cortex: *I*, Molecular layer; *II*, external granular layer; *III*, layer of pyramidal cells; *IV*, internal granular layer; *V*, ganglionic layer; *VI*, layer of fusiform or polymorphic cells; *3a*<sup>1</sup>, band of Bechterew; *4*, outer band of Baillarger; *5b*, inner band of Baillarger. (Brodmann.)

The **granule cells**, also known as stellate cells, are for the most part, of small size, and their short axons branch repeatedly and terminate in the neighborhood of the cell of origin. That is to say, they are cells of Golgi's Type II. Although they occur in most layers of the cortex, they are especially numerous in the second and fourth strata which are accordingly designated as external and internal granular layers (Figs. 239, *E*; 240).



The **cells of Martinotti**, which are also found in most of the cortical strata, have this as their distinguishing characteristic, that their axons are directed toward the surface of the cortex and ramify in the superficial layer (Fig. 239, *D*).

The **horizontal cells of Cajal**, which are present only in the superficial layer, are fusiform, with long branching dendrites directed horizontally. Their axons form tangential fibers in the superficial layer (Fig. 239, *B*).

**Fusiform** or polymorphous cells are found in the deepest stratum of the cortex (Figs. 239, 240). Their axons enter the subjacent white matter.

**Lamination.**—The size and type of cells found in the cortex vary at different depths from the surface, that is to say, the cells are disposed in fairly definite layers. As already indicated, many of the myelinated fibers are arranged in bands parallel to the surface. By means of this cell and fiber lamination Brodmann (1909) recognizes six layers in the cerebral cortex (Fig. 240). Other authors, notably Campbell (1905) and Cajal (1906), number these layers somewhat differently. Moreover, the arrangement varies in different parts of the cortex. In certain regions one or more of the strata may be reduced, enlarged or subdivided. The six layers are as follows:

1. The **molecular layer** (plexiform layer) is the most superficial. It contains the superficial band of tangential myelinated fibers and many neuroglia cells. The nerve-cells, which are not numerous, are of two kinds: horizontal cells of Cajal, and granule cells. Within this layer ramify the terminal branches of the apical dendrites from the pyramidal cells of the deeper layers.

2. The **external granular layer**, also known as the layer of small pyramidal cells, contains a large number of small nerve-cells. Some of these are small pyramids with axons running to the white center of the hemisphere. Others belong to the short-axoned group (Golgi's Type II or granule cells).

3. The **layer of pyramidal cells** may be subdivided into two substrata, the more superficial stratum containing chiefly medium-sized pyramids and the deeper one chiefly large pyramids. There are also present granule cells and cells of Martinotti. According to Cajal (1900–1906) and Campbell (1905), it is within this layer that the outer stripe of Baillarger is located, but Brodmann places this line in the next layer.

4. The **internal granular layer** or layer of small stellate cells is characterized by the presence of a large number of small multipolar cells with short axons (granule cells of Golgi's Type II). Scattered among these are small pyramids. Brodmann places the outer line of Baillarger in this stratum.

5. The **ganglionic layer** or deep layer of large pyramidal cells contains pyramidal cells, which in most parts of the hemisphere are smaller than those in the deeper strata of the third layer. In the motor region it contains the giant pyramidal cells of Betz, which give origin to the fibers of the corticospinal tract. The apical dendrites of these cells are very long and, like those of the more superficial pyramidal cells, reach and ramify within the molecular layer. The hori-



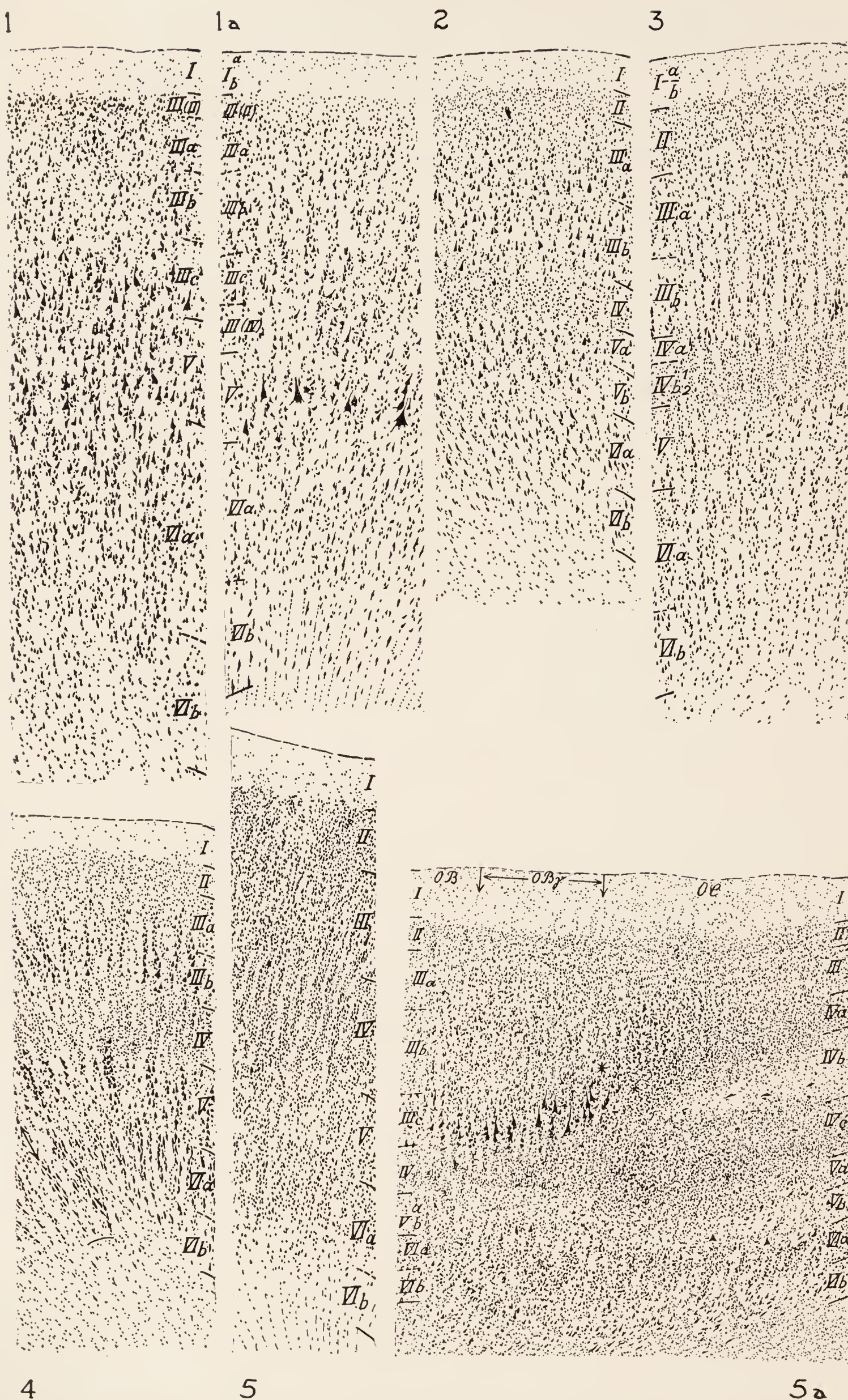


Fig 241.—Sections of the cerebral cortex of man showing the arrangement of nerve-cells in each of five cortical types the distribution of which on the surface of the hemisphere is shown



zontal fibers of Baillarger's internal line are found in this layer in most of the cortical areas.

6. The **layer of fusiform or polymorphic cells** contains irregular fusiform and angular cells, the axons of which enter the subjacent white matter.

The internal granular layer (4) and the two supragranular layers (2 and 3) are probably receptive and associative in function and most of the afferent fibers of the cortex terminate in them (Fig. 238). The infragranular layers (5 and 6) are mainly corticofugal and commissural (Kappers, 1909).

**Cortical Areas.**—The cerebral cortex does not have a uniform structure throughout all parts of the hemisphere. Due to the work of Campbell (1905), Brodmann (1909) and von Economo (1929), we have learned to recognize many different cortical areas each of which has its individual characteristics. These areas differ from one another in the thickness and composition of the cellular layers, in the thickness of the cortex as a whole, in the number of afferent and efferent fibers and in the number, distinctness and position of the white striæ. The existence and general boundaries of these regions are now well established; and as a result of experimental and pathological research it is known that specific differences in function are correlated with these differences in structure. The differences in thickness of the cortex and in the arrangement of the white striæ can in some instances be detected with the unaided eye. The maps of the cortical areas furnished by Brodmann are reproduced in Fig. 243.

While more than a hundred structurally different areas have been distinguished some of these resemble others very closely and all can be classified in one or the other of five fundamental types (Fig. 241, 1 to 5). Cortex of Type 1 lacks, more or less completely, the two layers of small granule cells and for this reason may be designated as agranular. It is also characterized by its great thickness and the large number of typical pyramidal cells. The regions in which it is found are shown in maps made by von Economo (Fig. 242). Types 2 and 3 occupy extensive areas in the frontal, parietal and temporal lobes and they both have well developed granular layers. Cortex of Type 4 is relatively thin, and has well developed granular layers and large numbers of medium sized pyramidal cells. Since it is found near the frontal and occipital poles it has been designated as polar cortex. Type 5 consists chiefly of closely packed small granule cells. Even the pyramidal cells and fusiform cells are small and do not form well defined layers. Cortex of this type is found in the areas which receive the sensory projection fibers. While the structural plans illustrated in Fig. 241, 1, 2, 3, 4 and 5, are in a general way characteristic of the corresponding areas shown in Fig. 242,

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in Fig. 242. Each section is enlarged to the same extent so that the thickness of the different types of cortex can be directly compared. 1, From the posterior part of the superior frontal gyrus (Type 1); 1*a*, from the anterior central gyrus, motor cortex (a variety of Type 1); 2, from the middle part of the middle frontal gyrus (Type 2); 3, from the supramarginal gyrus (Type 3); 4, from the lateral surface of the occipital lobe (Type 4); 5, from the anterior temporal gyrus, auditory cortex (Type 5); 5*a*, *oc*, the striate area, visual cortex (a variety of Type 5). Note the sharp transition from striate to peristriate cortex. (von Economo.)



each of these areas is composed of subdivisions with their own peculiarities. But all the subdivisions belonging to a given type show a family resemblance. As illustrations of such variations within types, the auditory cortex of the transverse temporal gyrus (Fig. 241, 5) may be compared with the visual cortex of the area striata (Fig. 241, 5*a*, right half). It will be seen that the family resemblance consists in the absence of large neurons and the great number of closely packed

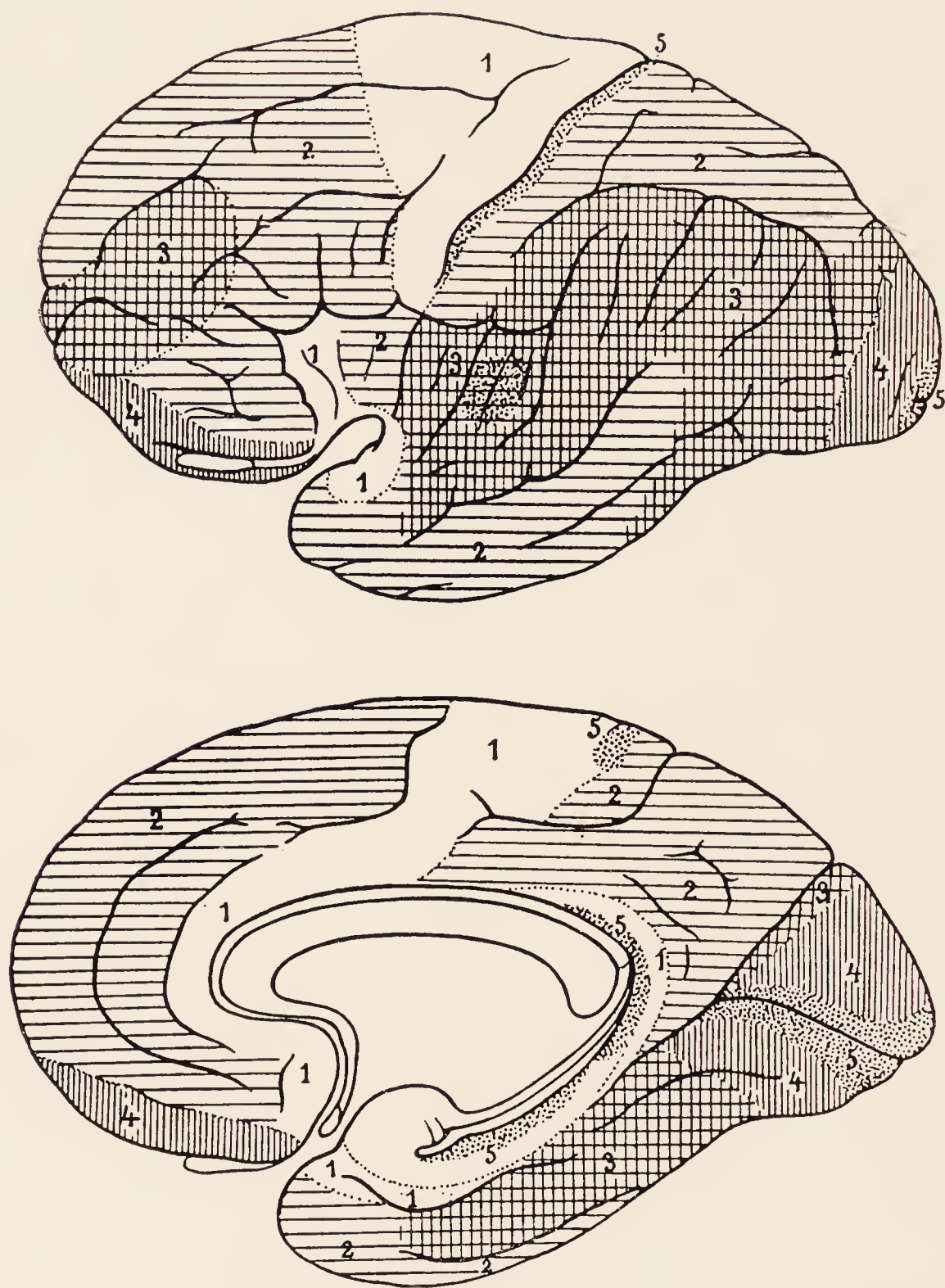


Fig. 242.—Maps showing the distribution of the five types of cortex illustrated in Fig. 241. (von Economo.)

granule cells. The visual cortex is the thinner of the two and has a zone relatively free from cells (IV*b*) corresponding to the position of the line of Gennari. Another illustration of the individual differences within a given type is furnished by a comparison of the two sections represented by 1 and 1*a*. The former was taken from the posterior part of the superior frontal gyrus, the latter from the motor cortex of the anterior central gyrus. In both the cortex is thick and lacks the two



granular layers, but the motor cortex is distinguished by the presence within the fifth layer of the giant pyramidal cells of Betz.

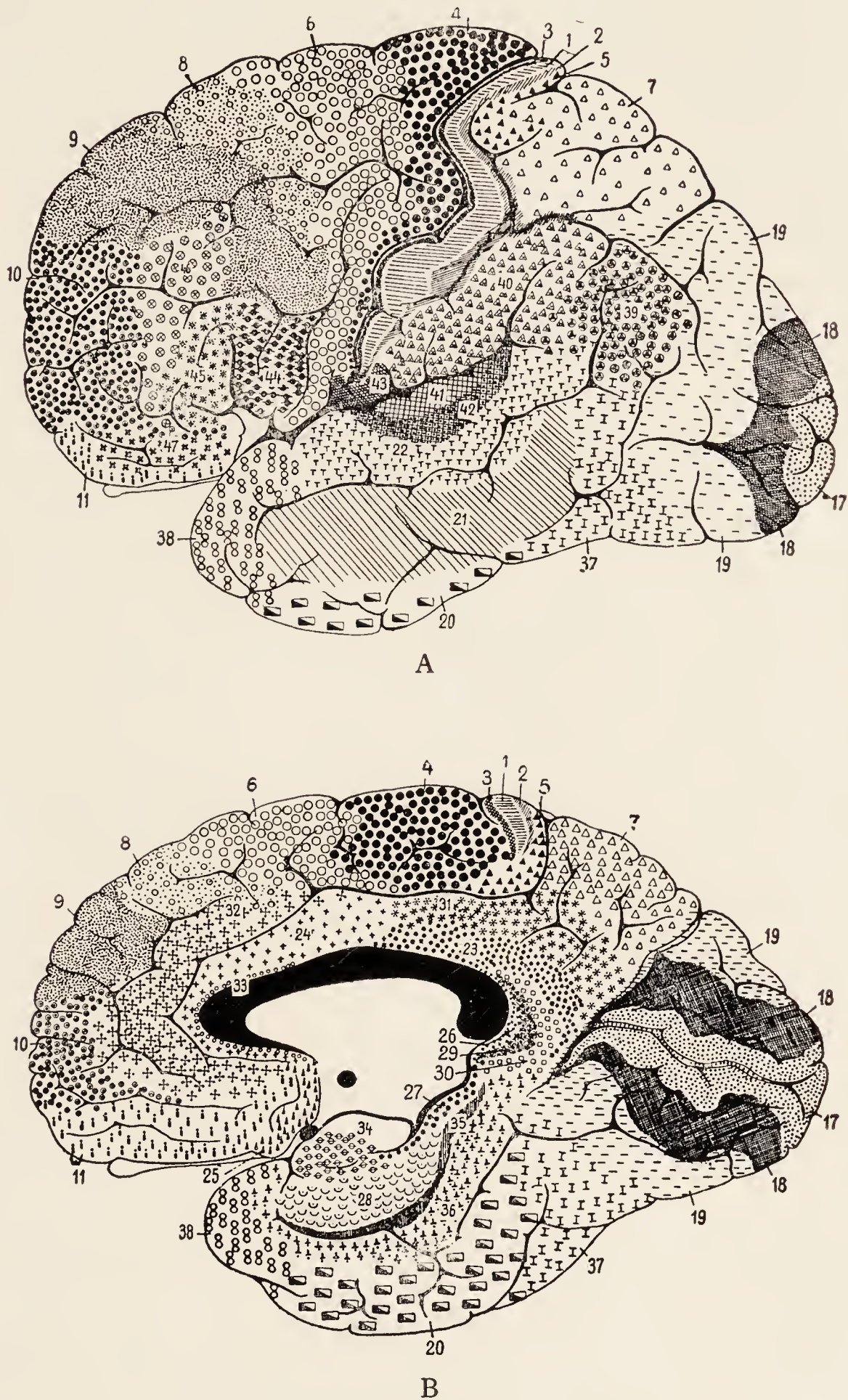


Fig. 243.—Areas of the human cerebral cortex each of which possesses a distinctive structure: A, lateral view; B, medial view. (Brodmann.)

At the borders separating certain of the cortical areas there occurs a very abrupt change in structure. This is well illustrated in Fig. 241, 5a, where there is seen a remarkable alteration in cellular layers at the border of the striate cortex.



## CORTICAL LOCALIZATION

**The Motor Cortex.**—The term, motor cortex, is commonly used to designate Area 4 of Brodmann's chart and of Foerster's diagram (Figs. 243–246). This area is characterized by the presence of the giant motor cells of Betz. While this is not the only part of the cerebral cortex from which contractions of the skeletal muscles can be elicited by electrical stimulation, it is the area of lowest threshold. It is located in the anterior wall of the central sulcus, in the adjacent part of the anterior central gyrus, and in that part of the paracentral lobule which lies rostral to the continuation of the central sulcus on the medial surface of the hemisphere (Fig. 244). The part of Area 4 which is exposed to view is triangular in shape, tapering to a long drawn-out point where the central sulcus approaches the lat-

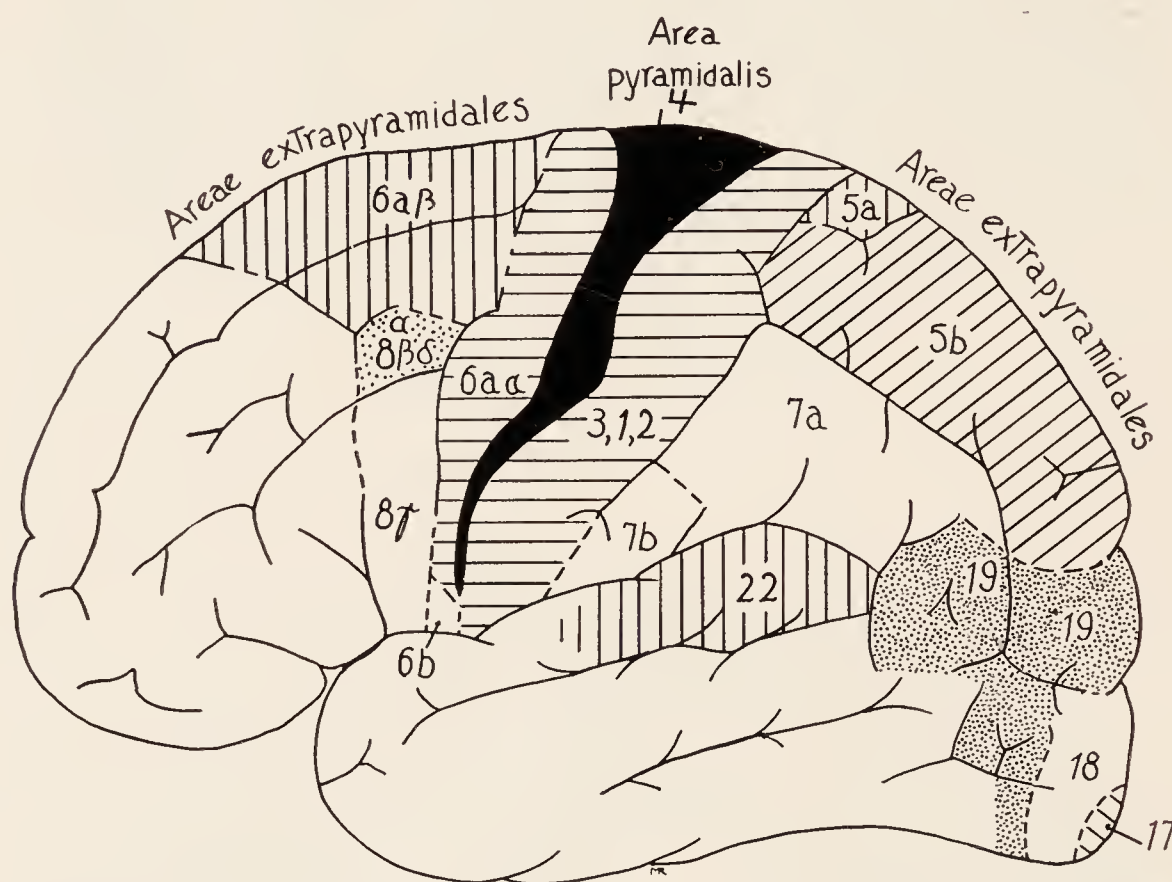


Fig. 244.—Lateral view of the human cerebral hemisphere showing the areas of electrically excitable cortex. (Redrawn after Foerster.) The motor cortex proper (Area 4) is represented in black; the other regions from which movements of the limbs and trunk can be elicited are lined; and the eye fields ( $8\alpha\beta\delta$  and 19) are stippled. The numbering of the areas is somewhat different than in Brodmann's figures.

eral fissure and widening to include almost the entire anterior central gyrus at the dorsal border of the hemisphere.

The *structure* of the cortex in Area 4 is characteristic. Here the gray matter is thick (3.5 to 4.5 mm.) and the lines of Baillarger are broad and diffused. The two granular layers (II and IV) are lacking or are indistinguishably fused with the layer of pyramidal cells (III) which is unusually wide (Fig. 241, 1a). The ganglionic layer (V) contains the giant pyramidal cells of Betz, from which arise the fibers of the corticospinal and corticobulbar tracts. The Betz cells undergo chromatolysis when these motor tracts are cut; and when the motor cortex is destroyed the tracts degenerate. It is probable that some of the smaller cells of the motor cortex also give rise to fibers running in the pyramidal tract (Lassek



and Rasmussen, 1939, and Lassek, 1940). It is also possible that some of the pyramidal fibers may come from the premotor cortex (Kennard, 1935).

It can be demonstrated by electrical stimulation that *the motor cortex is subdivided into areas*, each of which controls the muscles moving a given part of the opposite half of the body. These areas are arranged in inverted order, beginning with the center for movement of the toes near the dorsal border of the hemisphere, and ending with that for the face at the lower end of the anterior central gyrus (Fig. 256). The subdivision of the motor cortex into functionally distinct areas is more elaborate in man than in lower animals. By cortical stimulation in patients on the operating table Foerster (1931) showed that *the motor cortex contains separate representations for single muscles as well as for functional groups of muscles*. In other words contraction of individual muscles can be separately elicited from the motor cortex, but its stimulation often results in the simultaneous contraction of several muscles required for the production of a particular movement (Hines, 1940). Because of the crossing of the fibers of the pyramidal tracts the motor cortex of one side of the brain presides over the activity of the opposite side of the body but this crossing is not absolutely complete. All muscles are represented to some extent in the ipsilateral motor area. Those which act bilaterally, *i. e.*, those of the trunk, eyelids, and jaw, have the most pronounced bilateral representation. The muscles of the limbs receive less of their innervation from the ipsilateral cortex and those moving the fingers and toes least of all.

*Paralysis* on the contralateral side follows destruction of the motor cortex. At first the paralysis is flaccid, later it becomes spastic. The spasticity affects chiefly the extensor muscles of the leg and the flexor muscles of the arm. Some recovery may occur. For example, removal of the leg area in the precentral gyrus in man causes at first a total loss of voluntary motility in the contralateral leg. After the lapse of considerable time there is some return of voluntary control. This is due to the compensatory activity of the extrapyramidal motor areas such as 6, 5, and 22 and of the ipsilateral Area 4 (Fig. 244). In the monkey the degree of the initial paresis is less, the rate of recovery is greater, and the paralysis remains flaccid.

Reliable clinical observations have shown that the motor disturbances resulting from isolated destruction of Area 4 in man does not differ to a detectable degree from that caused by the combined destruction of both Areas 4 and 6a<sup>a</sup> (Foerster, 1936). Increased resistance to passive movement and increased tendon reflexes are characteristic of the paralysis resulting from lesions of the motor cortex and pyramidal tract in man but not in the monkey. The reason for this difference is not known. But the difference exists, irrespective of whether the damage to the pyramidal system occurs in the cortex, internal capsule, basis pedunculi, ventral part of the pons, pyramid of the medulla oblongata, or the region occupied by the lateral corticospinal tract in the spinal cord. The fibers, whose interruption causes this rigidity in man, follow the course of the pyramidal tract in all parts of its very tortuous course through the brain and spinal cord.



**Other Cortical Areas With Motor Functions.**—Area 6, immediately in front of Area 4, is the premotor region of Fulton (1935). In histological structure it closely resembles Area 4 except for the absence of the large motor cells (Fig. 241, 1). Lesions restricted to this territory cause a loss of acquired skills; but these complex sequences of movements can be relearned. Forced grasping is frequently seen after such lesions (Hines, 1937).

Areas 4 and  $6a^a$  (Fig. 244) both respond to electrical stimulation by isolated movements of individual parts of the opposite side of the body, but to obtain these effects from Area  $6a^a$  considerably stronger stimulation is needed. Area 4 contains the giant pyramidal cells of Betz and gives rise to the pyramidal tracts. The isolated movements obtained from  $6a^a$  are called forth by impulses transmitted to Area 4 and thence conveyed downward in the pyramidal tract. Stimulation of Area  $6b$  produces coordinated rhythmic movements of the lips, tongue, jaw and larynx as in mastication and swallowing. When Area 4 is excised or the pyramidal tract interrupted Area  $6a^a$  no longer gives rise to isolated movements but responds to strong faradic stimuli by mass movements of the whole contralateral half of the body similar to those described in the next paragraph.

Area  $6a\beta$ , when stimulated by strong faradic currents, gives rise to a complex movement of all parts of the contralateral half of the body. Head, eyes and trunk turn to the contralateral side and the contralateral arm and leg are usually flexed. This response persists after removal of Area 4 and after interrupting the pyramidal tract. Areas 5 and 22 respond to strong faradic stimulation in much the same manner as Area  $6a\beta$ . The mass movements, elicited by stimulation of these three areas and by stimulation of Area  $6a^a$ , after Area 4 has been excised or the pyramidal tract destroyed, are mediated by extrapyramidal paths. Centers for conjugate deviation of the eyes to the opposite side are located in Area  $8a\beta\delta$  and in Area 19.

The account of motor functions contained in the preceding paragraphs is based on Foerster's (1936) extensive experience with stimulation and excision of cortical areas in the human brain.

Considerable confusion exists as to the use of the term "motor cortex." It is used by some (Fulton, 1935) to designate the region of lowest threshold, that is, the area from which the pyramidal tract arises (Area 4) and by others (Walshe, 1935) to designate all that part of the precentral convolution from which movements of isolated parts of the body can be elicited. Since the latter more comprehensive definition fails to include such motor fields as  $6a\beta$ , 5 and 22, since isolated movements of individual parts of the body can be obtained from the postcentral convolution as well as from Area 4 and  $6a$  and since these isolated movements from the postcentral convolution and from  $6a$  are mediated through and dependent on the integrity of Area 4 Walshe's definition is a less useful one than Fulton's. This definition of the motor cortex which makes it equivalent to Area 4 has been in common use since the time of Campbell (1905) and has been adopted here.



The mass movements considered in the preceding paragraphs are mediated by *extrapyramidal motor pathways*, about which very little is known. In addition to the corticospinal, corticobulbar, and corticopontine tracts there are a number of other descending pathways from the cerebral cortex but it is not known how impulses traveling any of them reach the spinal cord.

**Inhibitory zones**, narrow strips of cortex which on stimulation inhibit the activity of the motor cortex, have recently been described in the monkey (Dusser de Barenne, Garol and McCulloch, 1942). One of these at the anterior border of Area 4, which is known as 4 S and also as the strip area (Hines, 1937), has been studied in some detail. Inhibitory impulses from Area 4 S are conducted to the caudate nucleus along unmyelinated fibers. From the caudate nucleus there is an indirect return pathway to the cortex by way of the thalamus through which the impulses reach Area 4 and inhibit its electrical activity. Bucy (1942) has formulated an interesting hypothesis concerning the functional significance of these corticostriatal connections.

Experiments on monkeys have shown that something which has been called spasticity, perhaps a release from cortical inhibition, results from removal of Area 4 S (Hines, 1937). Since section of the pyramids in the monkey causes a flaccid paralysis (Tower, 1940) it is evident that Area 4 S must exert its descending inhibitory effect over an extrapyramidal pathway. The first part of that pathway may possibly be formed by the fibers to the caudate nucleus mentioned in the preceding paragraph. From the caudate nucleus the impulses might be conducted to the lateral division of the globus pallidus and thence to the subthalamic nucleus. The existence of fibers, arising in this part of the globus pallidus which could conduct the impulses as far as the subthalamic nucleus, has been demonstrated by the Marchi method but the further course, which such impulses could take into the spinal cord, remains obscure (Ranson *et al.*, 1941).

**Autonomic Innervation.**—Evidence that there may be a cortical representation of visceral musculature is furnished by the cardiovascular responses induced by stimulation of the premotor and motor cortical areas and of some other parts of the cerebral cortex (Green and Hoff, 1936, 1937).

The **sensory projection centers** are the areas within which terminate the sensory projection fibers. In each of these centers the cortex consists chiefly of closely-packed small granule cells and belongs to v. Economo's Type 5. We have learned to locate such centers for vision, hearing, smell, and the general sensations from the surface of the body and the deeper tissues.

The **somatesthetic area** receives by way of the thalamus impulses subserving general body sensibility from the skin and deeper tissues, including the muscles, joints, and tendons, on the opposite side of the body (Fig. 172). It occupies the *posterior central gyrus*. The parts of the body are represented in this gyrus in the same inverted order as in the motor cortex. In general it may be said that the sensory representation of any part of the body lies directly across the central sulcus from its motor representation.

A *histologic description* of the cortex of the posterior central gyrus is complicated by the fact that this gyrus is composed of three distinct strips (Fig. 243, 1, 2, 3). The cortical strip forming the posterior wall of the central sulcus (Area 3) has the structure characteristic of sensory cortex (Type 5 of v. Economo, Fig.



242). It is relatively thin, measuring about 2 mm. The pyramidal cells are very small so that layers II, III, IV, and V look like one broad granular layer. In layer V there is a thick network of myelinated fibers.

When points in the posterior central gyrus are electrically stimulated during an operation on an unanesthetized patient, there are evoked *sensations* of numbness and tingling or paresthesia at points in the opposite half of the body. Normal highly specialized sensations are aroused only by afferent impulses which have passed through the thalamus activating it and being modified by it before reaching the cortex. Tactile stimuli applied to the skin evoke electrical action potentials in the somatesthetic area (Bard, 1938; Marshall, Woolsey and Bard, 1941). Ablation of parts of the posterior central gyrus produce severe impairment of sensation on the opposite side of the body. All modalities of sensation may be lost at first in the affected areas. But with the lapse of time there is considerable recovery, pain being the first to return. Recovery is the least in the case of light touch. This recovery may be due in part to the existence of some ipsilateral representation, part of the function of the damaged cortex being assumed by the corresponding area of the opposite hemisphere. It is probable also that the thalamus may have, or may acquire after its thalamic connections have been severed, the capacity for appreciation of simple sensory impressions.

Another possible explanation for this recovery, namely that the somatic sensory cortex may not be limited to the posterior central gyrus but may include all of the parietal lobe and all but the most anterior part of the frontal lobe, is based on the fact that the application of strychnine in the monkey to any point in this large area of cortex causes the monkey to behave as if an unpleasant stimulus were being applied to the opposite side of the body (Dusser de Barenne, 1924).

The distribution in the cerebral cortex of fibers from the thalamus throws additional light on the question of the location and limits of the somatesthetic cortex. It has been mentioned in a preceding chapter that the fibers from the posteromedial ventral and posterolateral ventral nuclei of the thalamus, which relay to the cortex impulses from the spinothalamic tract, medial lemniscus, and secondary sensory tracts of the fifth nerve, terminate in the posterior central gyrus (Figs. 172, 248). It is this gyrus, therefore, that receives the direct projection of the somatic sensory paths.

There is reason to believe that pain and perhaps some other simple sensory modalities may enter consciousness at the thalamic level. The cerebral cortex is concerned especially with those aspects of sensation which require comparison and judgment: (1) recognition of differences in weight, (2) spatial discrimination as of two closely juxtaposed points, (3) tactile localization, (4) appreciation of size and shape, and (5) of similarities or differences in temperature. A patient, whose left posterior central gyrus has been damaged, may sense an object placed in his left hand but will not know whether it is smooth or rough, round or square,



large or small, warm or cool. But if it were unpleasantly hot or in any way painful to hold he would be aware of the discomfort.

The **visual receptive center** or striate area (Area 17 of Fig. 243) is located in the cortex forming the walls of the *calcarine fissure* and in the adjacent portions of the *cuneus* and the *lingual gyrus*. Rostral to the point where the calcarine is joined by the parieto-occipital fissure the visual cortex is located only along the ventral side of the former. Sometimes the center may extend around the occipital pole on to the lateral surface of the brain. The structural peculiarities of the visual cortex are very evident. The outer line of Baillarger is greatly increased in thickness and known as the line of Gennari (Fig. 247). Because of the prominence of this line the region is known as the area striata. It is surrounded by cortex of quite different structure; and nowhere can the differences in adjacent cortical areas be better illustrated than at its border, where the prominent line of Gennari is seen to terminate abruptly. At this border there is also a sudden change in the character of the cellular lamination (point marked with an asterisk in Fig. 241, 5a).

The visual cortex is relatively thin averaging 2 mm. in thickness. Like other sensory fields it conforms to v. Economo's Type 5 in which the pyramidal and fusiform cells are small and inconspicuous as illustrated in the right half of Fig. 241, 5a. The fourth or internal granular layer is thick and is separated by a light zone into superficial and deep parts. The light zone is seen in appropriately stained sections to be occupied by myelinated fibers belonging to the line of Gennari.

The *fibers of the geniculocalcarine tract* from the lateral geniculate body terminate in the visual center. These fibers carry impulses from the temporal side of the corresponding retina and the nasal side of the opposite one. The visual cortex of one hemisphere, therefore, receives impressions from the objects on the opposite side of the line of vision (Fig. 187, 189).

Evidence, collected during the first World War from the study of the visual fields of soldiers suffering from lesions of the occipital lobes, indicates that:

1. The center for macular or central vision lies in the posterior extremities of the visual areas near the occipital poles (Fig. 189).

2. The center for vision subserved by the periphery of the retina is situated in the anterior end of the visual area, and the serial concentric zones of the retina from the macula to the periphery are represented in this order from behind forward in the visual area.

3. The upper half of the retina is represented in the upper part of the visual areas, and the lower half of the retina in the lower part of the visual areas. For example, the right upper quadrant of each retina is represented in the upper part of the visual area of the right hemisphere and the left lower quadrant of each retina is represented in the lower part of the visual area of the left hemisphere (Holmes and Lister, 1916; Fulton, 1938). The conduction pathway from the retina to the cerebral cortex and the blindness resulting from interruption of this



pathway at various points has been illustrated in Figs. 189 and 190 and discussed on pp. 233–239.

The **auditory receptive center** is located in the two *transverse temporal gyri* and chiefly in the more anterior of the pair (Fig. 200). For the most part this area lies buried in the floor of the lateral fissure but comes to the surface near the middle of the dorsal border of the superior temporal gyrus (Fig. 245). It receives the auditory radiation from the medial geniculate body. The cortex in this area, measuring about 3 mm. in depth, is slightly thicker than that in the other sensory fields. Like them it belongs to Type 5, contains no large pyramidal cells, and is characterized by a wealth of small cells in all layers (Fig. 241, 5).

Stimulation of this cortical area during an operation without anesthesia causes the patient to hear buzzing and roaring sounds. Each ear appears to be bilaterally represented in the cortex. A man with one temporal lobe removed shows very little impairment of hearing. Since removal of both temporal lobes in man

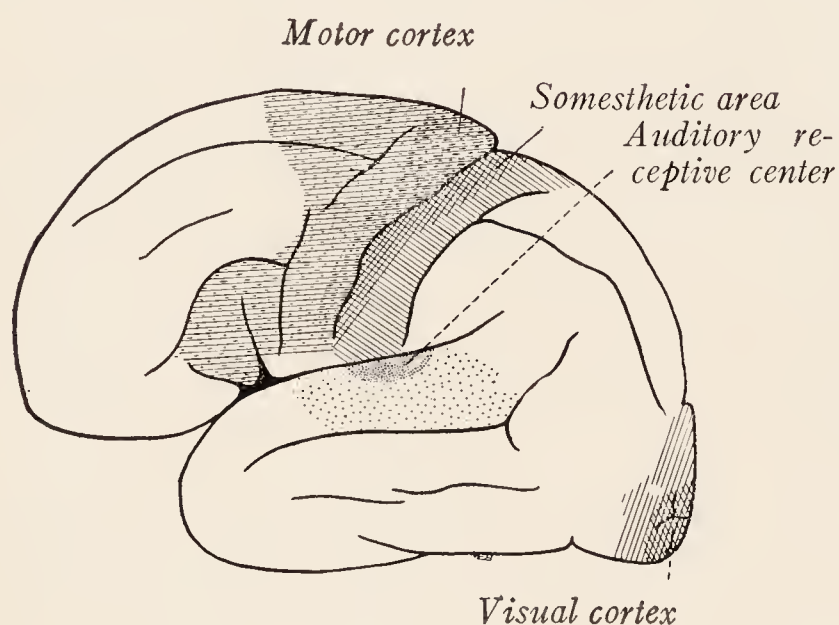


Fig. 245.—Diagram of the cortical areas on the lateral aspect of the cerebral hemisphere.

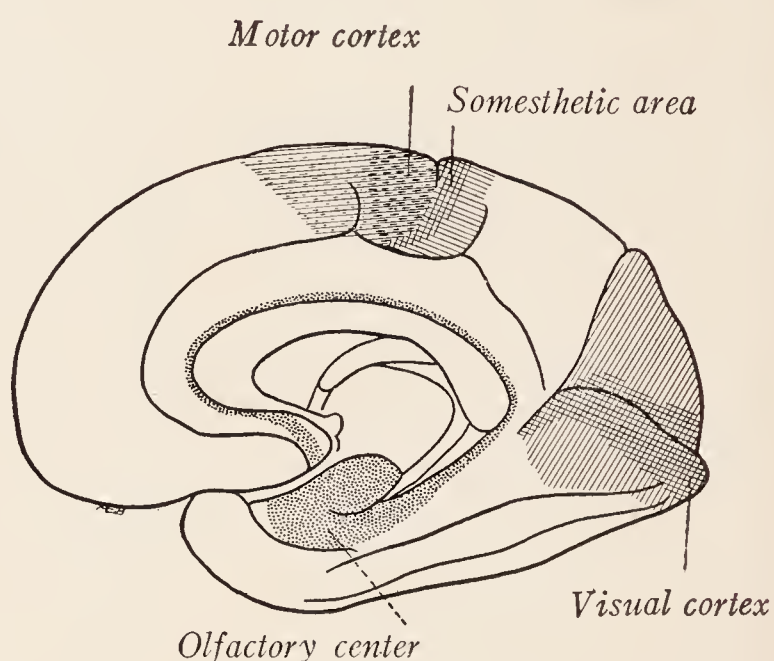


Fig. 246.—Diagram of the cortical areas on the medial aspect of the cerebral hemisphere.

does not entirely abolish hearing it seems probable that there must be some appreciation of sound at or below the thalamic level. Decorticate cats and dogs respond readily to auditory stimuli and the decorticate cat is able to localize accurately the source of the sound (Bard and Rioch, 1937).

**The Olfactory and Gustatory Areas.**—Very little has been learned concerning the cortical centers for smell and taste from either clinical or experimental investigations. On anatomical grounds the archipallium may be assumed to contain the olfactory center because of its connections with the olfactory nerve (Fig. 246). The uncus and adjacent portion of the hippocampal gyrus constitute the principal olfactory area of Cajal. Within it terminate the fibers of the lateral olfactory stria. Even less is known about the gustatory area; but there is some evidence that it may be located at the lower end of the posterior central gyrus (Börnstein, 1940).

A **vestibular receptive center** probably also exists in the temporal lobe. When



this region is stimulated in man either electrically or by disease, sensations of dizziness are aroused. The exact location of this receptive cortex and the path by which the vestibular impulses reach it are unknown. It would not be unreasonable to assume that the cortical centers for the two divisions of the eighth nerve would be situated close together (Spiegel, 1934).

**Thalamocortical Connections.**—The principal nuclei of the thalamus and the areas of the cortex to which they send fibers have been shown diagrammatically in Fig. 248, which is based on Walker's (1938) studies of the chimpanzee. The somatesthetic radiation joins the posteromedial and posterolateral ventral nuclei with the cortex of the posterior central gyrus. The geniculocalcarine tract joins the lateral geniculate body with the area striata, and the auditory radiation joins the medial geniculate body with the auditory cortex in the temporal lobe. The lateral ventral nucleus within which the fibers of the brachium conjunctivum end, sends its fibers to the motor and premotor cortex (Brodmann's Areas 4 and 6 of the human brain, Fig. 243). To the parietal lobe behind the posterior central

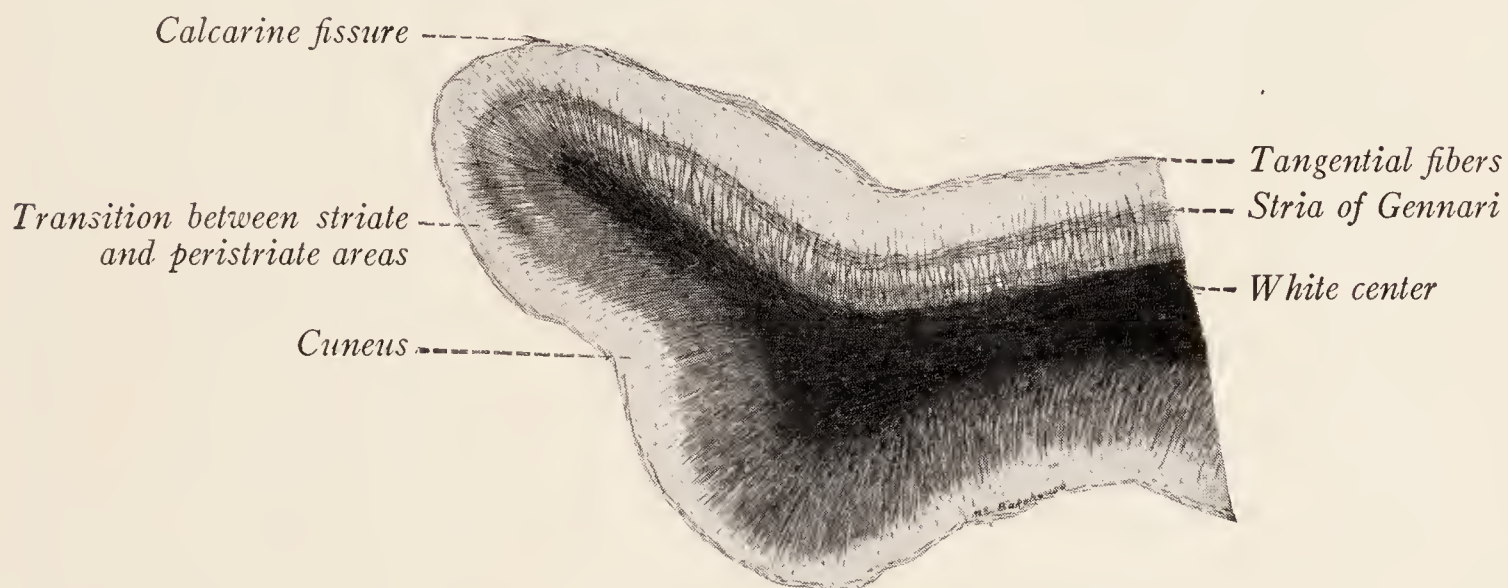


Fig. 247.—Section through the most rostral part of the cuneus. Pal-Weigert method.

gyrus, go fibers from the dorsal and posterior lateral nuclei and pulvinar, the fibers from the latter being distributed behind those from the two former. The posterior part of the temporal lobe also receives fibers from the pulvinar. On the basis of the studies of the chimpanzee brain it is probable that in the human brain the fibers from the posterior lateral nucleus go to Brodmann's Areas 5, 7 and 40 and those from the pulvinar to Brodmann's Areas 37, 39, anterior part of 19 and posterior part of 7. The small celled part of the dorsomedial nucleus sends its fibers to the granular cortex of the frontal lobe (Areas 9, 10, 11, 45, 46 and 47 of Brodmann's map, Fig. 243).

The gyrus cinguli, not illustrated in Fig. 248, receives fibers from the anterior nucleus of the thalamus which in turn receives the mammillothalamic tract.

**Functional Significance of the Cerebral Cortex.**—The cortical areas discussed in preceding paragraphs have been called sensory receptive centers because they receive the afferent impulses which evoke conscious sensations. Destruction of these areas abolish or in the case of hearing greatly impair sensation by prevent-



ing afferent impulses from acting on the cerebral cortex. But this should not be taken to imply that the sensations are elaborated in these areas. Through association fibers the sensory receptive areas are linked with other parts of the cortex and it is probable that any conscious sensation involves widespread cortical activity.

That the cerebral cortex may under certain conditions function as a whole is suggested by the work of Lashley (1929, 1931). He studied the effects of cortical

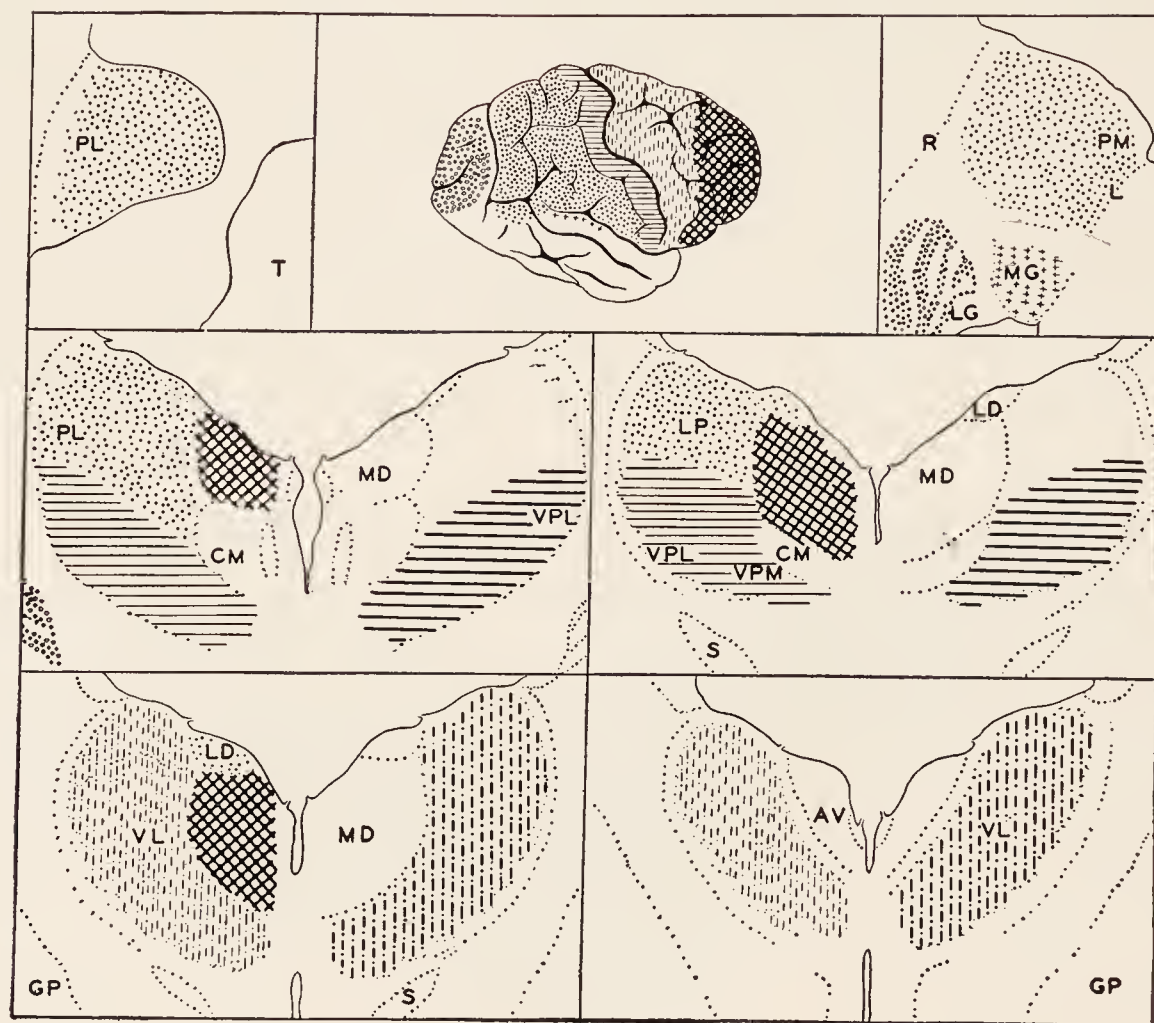


Fig. 248.—Diagrammatic drawings of thalamic nuclei and cerebral cortex of the chimpanzee. The thalamic nuclei on the left side carry the same markings as do the cortical areas to which they send fibers. On the right side of the thalamus the heavy horizontal lines mark the nuclei (ventralis posterolateralis and ventralis posteromedialis) within which terminate the medial lemniscus, spinothalamic tract and secondary trigeminal tracts. The vertically arranged heavy dashes and dots in the right nucleus ventralis lateralis indicate the termination of the brachium conjunctivum (Walker). *AV*, Nucleus anteroventralis; *CM*, centrum medianum; *GP*, globus pallidus; *L*, nucleus limitans; *LD*, nucleus lateralis dorsalis; *LG*, corpus geniculatum laterale; *LP*, nucleus lateralis posterior; *MD*, nucleus medialis dorsalis; *MG*, corpus geniculatum mediale; *PL*, nucleus pulvinaris lateralis; *PM*, nucleus pulvinaris medialis; *R*, nucleus reticularis; *S*, nucleus subthalamicus; *T*, tegmentum mesencephali; *VL*, nucleus ventralis lateralis; *VPL*, nucleus ventralis posterolateralis; *VPM*, nucleus ventralis posteromedialis.

lesions on the ability of rats to learn their way through a complex maze. A retardation occurred depending upon the amount of cortex removed entirely without reference to the location of the extirpation.

Unilateral removal of a large part of the frontal lobe, including Areas 9, 10, 11, and 12 of Brodmann, causes no obvious disability in man but bilateral removal results in detectable changes in behavior and personality and in memory for recent events (Brickner, 1936).



In man and higher animals modification of behavior as a result of individual experience is due to cortical activity. If a bell is rung each time a dog is fed and this sequence is repeated many times the sound of the bell alone will ultimately cause the dog to salivate. This is a conditioned reflex (Pavlov, 1927), and is mediated through the cerebral cortex. Such responses can be impaired or abolished in the dog by removal of appropriate cortical areas: acoustic and visual conditioned reflexes by removal of posterior portions of the cerebral cortex, tactile conditioned reflexes by removal of the anterior half of the cerebral cortex, and auditory conditioned reflexes by removal of the temporal lobes.

**Association Centers.**—Before it was known how widespread are the thalamic connections in the cerebral cortex (Fig. 248) and how numerous are the cortical areas, which give rise to motor reactions (Fig. 244) or from which descending fibers can be traced to lower-lying parts of the nervous system (Mettler, 1935), it was customary to designate as association centers those parts of the cerebral cortex which were supposed to have only connections with other parts of the cortex. In late years the term has been used very little and carries no very precise connotation.

The granular cortex in the anterior part of the frontal lobe receives fibers from the dorsomedial nucleus of the thalamus; and the parts of the parietal lobe behind the posterior central gyrus receive fibers from the dorsal lateral and posterior lateral nuclei and the pulvinar. Since these thalamic nuclei receive no impulses from incoming sensory paths but serve as correlation centers for impulses coming from other thalamic nuclei, it will be obvious that these frontal and parietal association areas receive from the thalamus highly integrated impressions representing total situations rather than isolated sensations.

**Aphasia.**—Some idea of the significance of the so-called association centers may be obtained from a study of the group of speech defects included under the term "aphasia." In right-handed individuals these result from lesions in the left hemisphere. Farther than this it is difficult to go in the matter of localization. Weisenburg (1934) has stated that it may never be possible to localize from an anatomic standpoint the causes which lead to aphasic disturbances since the complex processes involved in the comprehension and utterance of language depend on the function of the entire brain. Nevertheless, the following conventional account has historical interest and contains a kernel of truth. Destruction of the triangular and opercular portions of the inferior frontal gyrus is said to cause a loss of ability to carry out the coördinated movements required in speaking, but does not impair the ability to move the tongue or lips (Fig. 249). This defect is known as *motor aphasia* and this cortical area is Broca's center. In the same way, after a lesion in the posterior part of the left superior temporal gyrus, the patient may hear the spoken word, but no longer comprehend its meaning. This is sensory aphasia or *word deafness*. *Word blindness*, the inability to understand the printed or written language, although there is no impairment of vision, may result from lesions in the angular gyrus.



These three areas are often spoken of as speech centers and are closely united together by association fibers. In fact, it is not altogether clear to what extent such defects as those mentioned above are dependent upon the destruction of the association tracts which lie subjacent to the speech areas (Bing, 1925).

**The Cortex and Consciousness.**—The behavioristic school of psychology has pretty well undermined the old idea of consciousness. Nevertheless, each of us knows from his own personal experience something for which this word stands. In some way it results from the activity of the nervous system and chiefly from activity of the cerebral cortex. It is, however, a function which cannot be very sharply localized. Penfield (1937) has said, "All parts of the brain may well be involved in normal conscious processes but the indispensable substratum of con-

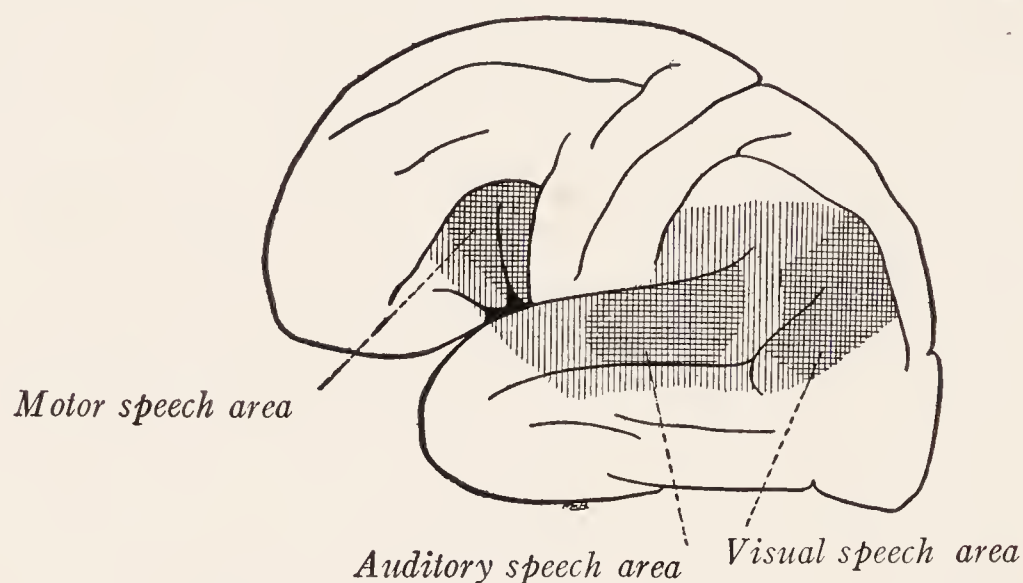


Fig. 249.—The cortical areas especially concerned with language.

sciousness lies outside of the cerebral cortex, probably in the diencephalon." In the present state of knowledge concerning cortical activity it is the part of wisdom to be very conservative in locating any mental faculty or fraction of our conscious experience in any particular part of the cerebral cortex.

The various parts of the cerebral cortex are intimately interconnected by association fibers and the entire mass tends to function as a unit. Injury to one part may so disturb the function of all of it that consciousness and voluntary movement are lost as in an apoplectic stroke. But unless the amount of cortex destroyed is very large, mental activity and voluntary movement gradually return, except for some permanent defects varying with the size and location of the lesion.



## CHAPTER XX

### THE GREAT AFFERENT SYSTEMS

#### EXTEROCEPTIVE PATHWAYS TO THE CEREBRAL CORTEX

As has been intimated elsewhere, it is chiefly those nervous impulses, which are aroused by stimuli acting upon the body from without, that rise above the subconscious level and produce clear-cut sensations. The importance of these sensations in our conscious experience is no doubt correlated with the fact that it is through the reactions, called forth by such external stimuli, that the organism is enabled to respond appropriately to the various situations in its constantly changing environment. To meet these complex and variable situations correctly requires the nicest correlation of sensory impulses from the various sources as well as their integration with vestiges of past experience, and it is in connection with these higher correlations and adjustments that consciousness appears. The responses initiated by interoceptive and proprioceptive afferent impulses are more stereotyped and invariable in character; and these reactions are for the most part carried out without the individual being aware either of the stimulus or the response.

It is known that the cerebral cortex is the organ within which occur at least the majority of those complex and highly variable correlations and integrations which have consciousness as their counterpart. A single object may appeal to many sense organs, and our perception of that object involves a synthesis of a corresponding number of sensations and their comparison with past experience. For example, when I meet a friend and grasp his hand in greeting, my perception of him includes not only the image of his face but also the sound of his voice and the warm contact of his hand. Thus thermal, tactile, auditory, and visual sensations may be fused in the perception of a single object, and this involves an integration of the corresponding afferent impulses within the cerebral cortex. Accordingly, it becomes of special interest to trace the course of these afferent impulses from the various exteroceptive sense organs to their cortical receptive centers.

The outer world has for the most part a crossed representation in the cerebral cortex. Cutaneous stimuli, received from objects touching the right side of the body, and optic stimuli produced by light waves coming from the right half of the field of vision are propagated to the cortex of the left hemisphere. The crossed representation in the case of hearing is less complete, partly because every sound wave reaches both ears, but also because the crossing of the central auditory pathway seems to be incomplete.



The **grouping of the afferent fibers** in the peripheral nerves differs from that in the spinal cord. In each of the *spinal nerves* several varieties of sensory fibers are freely mingled. In the cutaneous branches are found conductors of thermal, tactile, and painful sensibility; while the deeper nerves contain fibers for pain and sensations of pressure-touch as well as for muscle, joint, and tendon sensibility. Because of the intermingling of the various kinds of fibers a lesion of a spinal nerve results in a loss of all modalities of sensation in the area supplied exclusively by that nerve.

But in the *spinal cord* a regrouping of the afferent impulses occurs, such that all of a given modality travel in a path by themselves. All those of touch and pressure, whether originally conveyed by the superficial or deep nerves, find their way into a common path in the cord. In the same way all painful impulses, whether arising in the skin or deeper parts, follow a special course through the cord. Another intramedullary path conveys impulses from the muscles, joints, and tendons. These various lines of conduction within the cord are so distinct from each other that a localized spinal lesion may interrupt one without affecting the others. A striking illustration of this is the loss of sensibility to pain and temperature over part of the body surface without any impairment of tactile sensibility as a result of a disease of the spinal cord, known as syringomyelia.

While we shall here confine our attention to the afferent channels leading directly toward the cerebral cortex, it should not be forgotten that these are in communication with the reflex apparatus of all levels of the spinal cord and brain stem.

**The Spinal Path for Sensations of Touch and Pressure.**—Tactile impulses which reach the central nervous system by way of the spinal nerves are relayed to the cerebral cortex by a series of at least three units.

**Neuron I.**—The first neuron of this conduction system has its cell body, which typically is unipolar, located in the spinal ganglion; and its axon divides in the manner of a **T** or **Y** into a central and a peripheral branch. The peripheral branch runs through the corresponding spinal nerve to the skin, or in the case of those fibers subserving the tactile functions of deep sensibility, to the underlying tissues. The central branch from the stem process of the spinal ganglion cell enters the spinal cord by way of the dorsal roots. The touch fibers are myelinated and enter the posterior funiculus through the medial division of the dorsal root; and, like all other dorsal root fibers, they divide into ascending and descending branches. The ascending branches run for varying distances in the posterior funiculus, giving off collaterals before they terminate in the gray matter of the spinal cord, some few at least even reaching the nucleus gracilis and cuneatus in the medulla oblongata. At varying levels they enter the gray substance of the columna posterior and form synapses with the neurons of the second order (Fig. 250).

**Neuron II** with its cell body located in the posterior gray column, sends its axon across the median plane into the ventral spinothalamic tract in the opposite



anterior funiculus. In this the fiber ascends through the spinal cord and brain stem to the thalamus. This tract gives off fibers, either collateral or terminal, to the reticular formation of the brain stem. Other neurons of the second order in the tactile path are located in the gracile and cuneate nuclei of the medulla oblongata, and their axons after crossing the median plane ascend in the medial

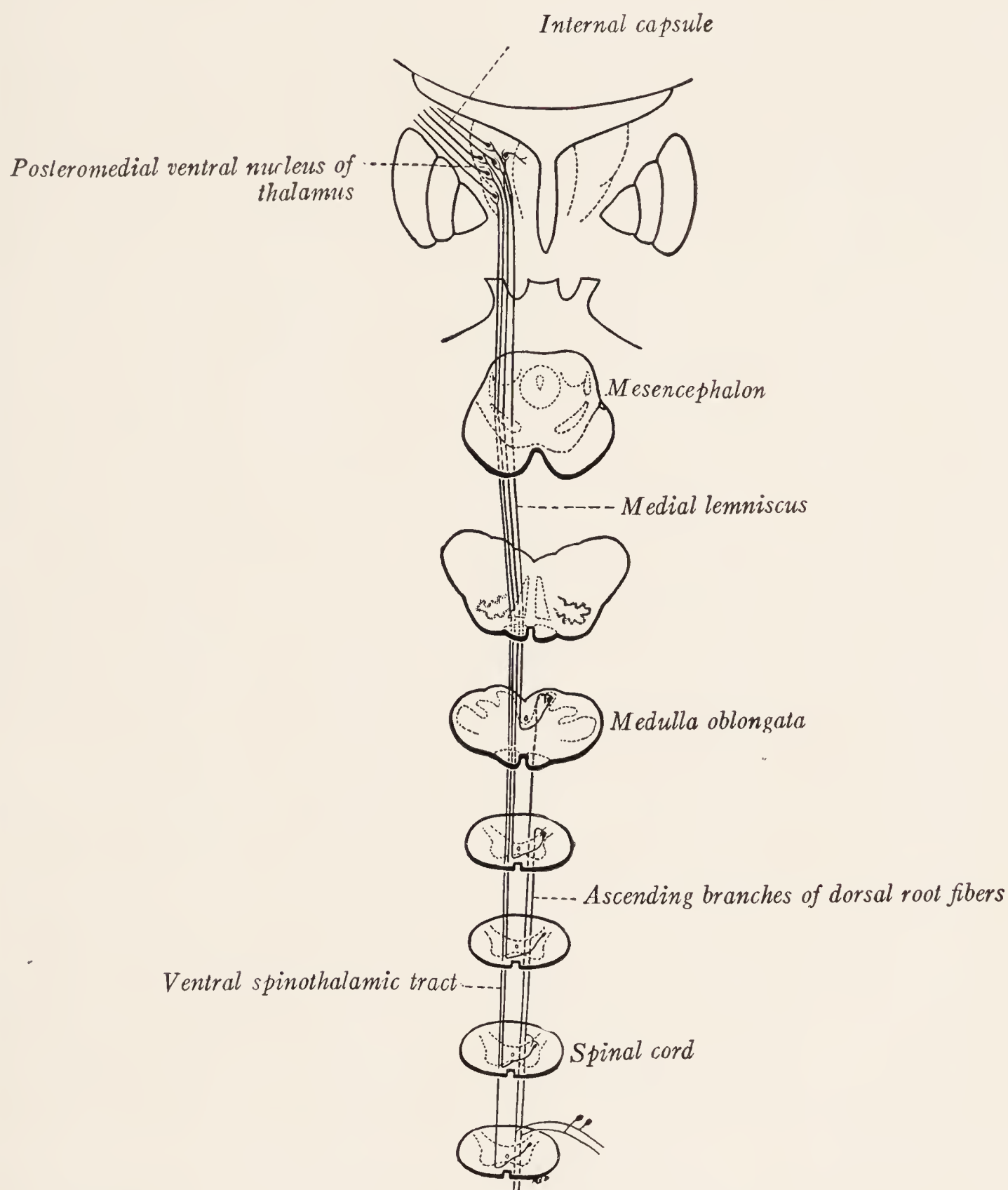


Fig. 250.—Diagram of the tactile path.

lemniscus of the opposite side to end in the thalamus. All of these secondary tactile fibers end within the posterolateral ventral nucleus of the thalamus.

The course of the ventral spinothalamic tract through the medulla oblongata and pons is not accurately known. It has generally been figured as joining the lateral spinothalamic tract dorsolateral to the olive. But, since lesions in the lateral area of the medulla oblongata may cause a loss of pain and temperature sensation over the opposite half of the body with-



out affecting tactile sensibility, it is not improbable that Dejerine (1914) is correct in supposing that it follows a median course, its fibers accompanying those of the medial lemniscus (Figs. 250, 254; Economo, 1911; Spiller, 1915).

There is reason to believe that the ventral as well as the lateral spinothalamic tract consists in part of short relays with synaptic interruptions in the gray matter of the spinal cord and brain stem, and the two tracts are sometimes designated as the spino-reticulo-thalamic path.

In the spinal cord there appear to be two tracts which convey tactile impulses toward the brain, an uncrossed one in the posterior funiculus and another that crosses into the opposite anterior funiculus. Since these overlap each other for many segments, this arrangement would account for the fact that contact sensibility is usually unaffected by a purely unilateral lesion (Head and Thompson, 1906; Rothmann, 1906; Petré, 1902). Among the fibers of contact sensibility, which ascend in the posterior funiculus to the cuneate and gracile nuclei of the same side, are those that subserve the function of tactile discrimination, or, in other words, the ability to recognize the duality of two closely juxtaposed points of contact, as when the two points of the compasses or dividers are applied simultaneously to the skin. Furthermore, those elements of tactile sensibility, which underlie the appreciation of the form of objects or stereognosis, ascend uncrossed in the posterior funiculus to the gracile and cuneate nuclei.

**Neuron III.**—The neurons located in the posterolateral ventral nucleus of the thalamus, with which the tactile fibers of the second order enter into synaptic relations, send their axons by way of the thalamic radiation through the posterior limb of the internal capsule and the corona radiata to the somesthetic area of the cerebral cortex in the posterior central gyrus (Figs. 172, 245).

**The Spinal Path for Pain and Temperature Sensations.**—Pain and temperature sensations are mediated by closely associated though not identical paths, and it is convenient to consider them at the same time.

**Neuron I.**—The first neuron of this system has its cell of origin located in the spinal ganglion. Its axon divides into a peripheral branch, directed through the peripheral nerve to the skin, or in the case of the pain fibers also to the deeper tissues, and a central branch, which enters the spinal cord through the dorsal root and *almost at once* terminates in the gray matter of the posterior gray column (Fig. 251).

**Neuron II.**—From these dorsal root fibers the impulses are transmitted (perhaps through the intermediation of one or more intercalated neurons) to the neurons of the second order. These have their cell bodies located in the posterior gray column, and their axons promptly cross the median plane and ascend in the lateral spinothalamic tract to end in the posterolateral ventral nucleus of the thalamus. In addition to this long uninterrupted path there probably also exists a chain of short neurons with frequent interruptions in the gray matter of the spinal cord, which serves as an accessory path to the same end station. In the medulla oblongata the spinothalamic tract lies dorsolateral to the inferior



olivary nucleus. In the pons it approaches the lateral border of the medial lemniscus which it accompanies through the mesencephalon to the thalamus (Figs. 251, 254).

The lateral spinothalamic tract is situated quite superficially in the mesencephalon, being more closely associated at this level with the lateral than with the medial lemniscus.

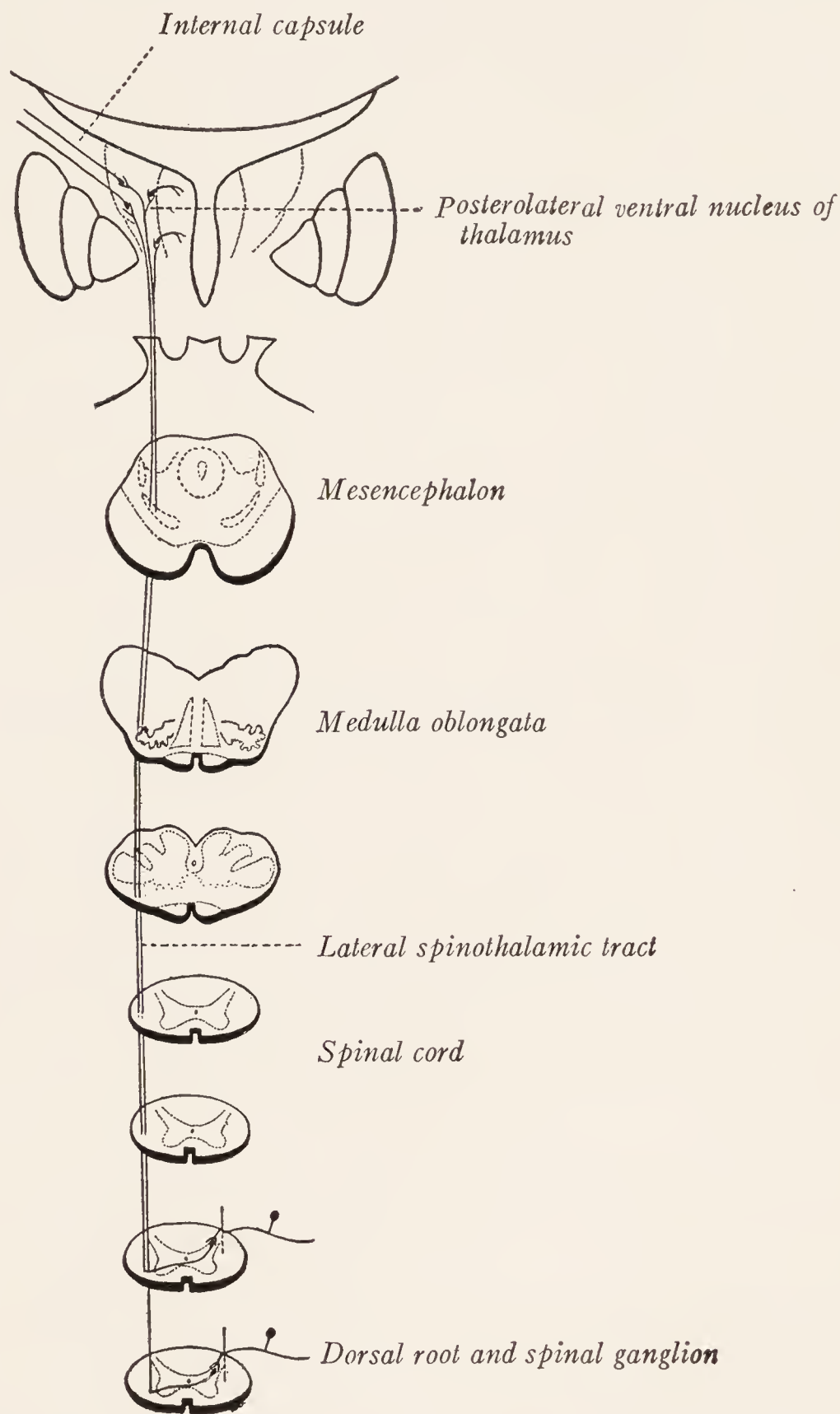


Fig. 251.—Diagram of the path for pain and temperature sensations

It can be reached surgically and severed at a level slightly caudal to the exit of the trochlear nerve in an operation undertaken for intractable pain (Rasmussen and Peyton, 1941).

**Neuron III.**—Fibers, arising from nerve-cells located in the posterolateral ventral nucleus of the thalamus, convey thermal and painful impulses to the somesthetic area of the cerebral cortex in the posterior central gyrus by way of the thalamic radiation and the posterior limb of the internal capsule.



**The Exteroceptive Paths Associated with the Trigeminal Nerve.**—The trigeminal nerve mediates tactile, thermal, and painful sensations from a large part of the cutaneous and mucous surfaces of the head. While there is reason to believe that the tactile impulses mediated by this nerve follow a central course distinct from that of thermal and painful sensibility (Gerard, 1923), we shall

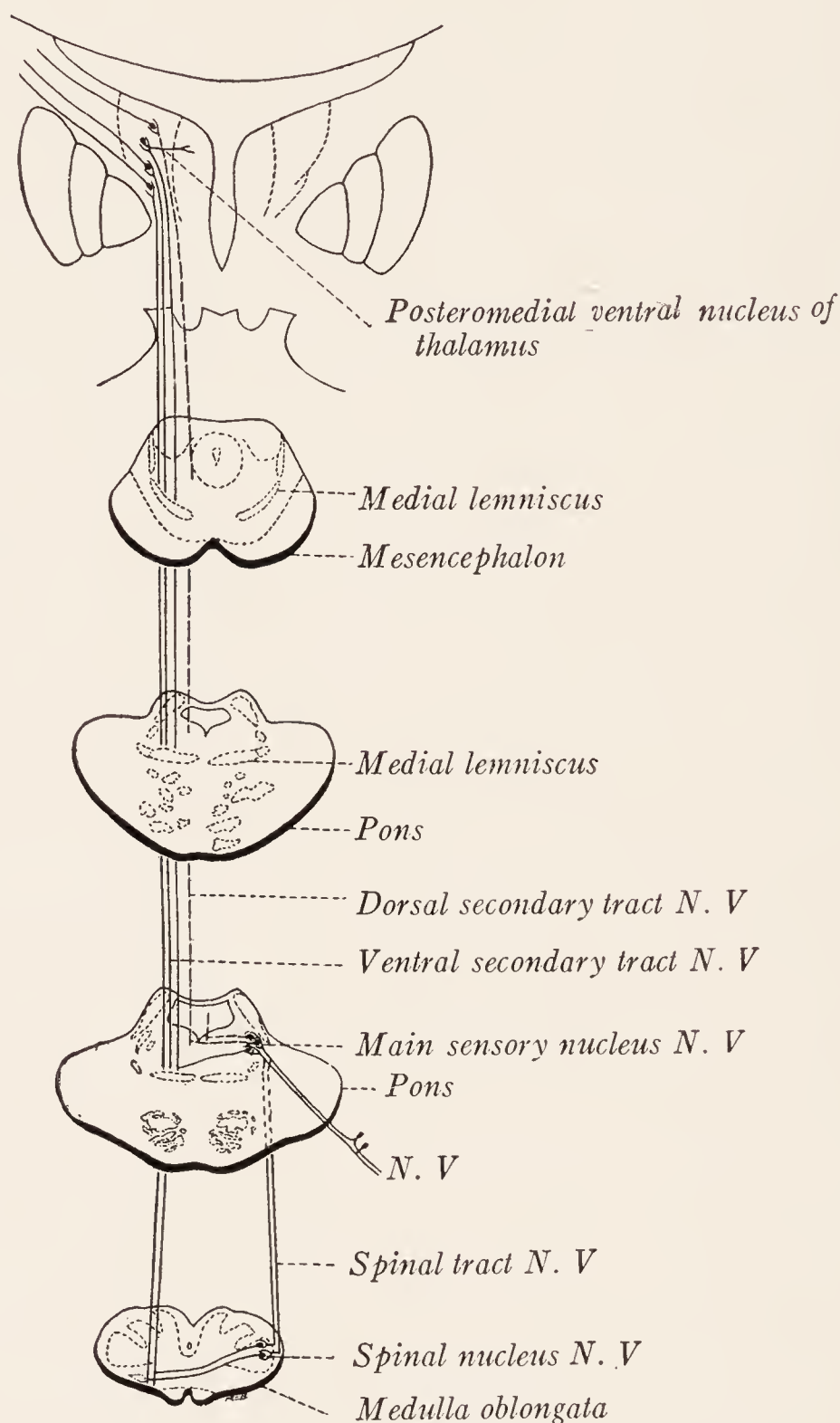


Fig. 252.—Diagram of the exteroceptive pathways associated with the trigeminal nerve.

for the sake of simplicity consider the exteroceptive connections of this nerve as a unit.

**Neuron I.**—The axon of a unipolar cell in the semilunar ganglion divides into a peripheral branch, distributed to the skin or mucous membrane of the head, and a central branch, which runs through the sensory root (pars major) of the trigeminal nerve into the pons. Here it divides into a short ascending and a long descending branch. The former terminates in the main sensory nucleus, and the latter in the spinal nucleus of that nerve (Fig. 252).



**Neuron II.**—The fibers of the second order in the sensory paths of the trigeminal nerve arise from cells located in the main sensory and the spinal nucleus of that nerve; and after crossing the raphé they run in two tracts to the posteromedial ventral nucleus of the thalamus. The *ventral* secondary afferent path is located in the ventral part of the reticular formation, close to the lateral spinothalamic tract in the medulla oblongata and dorsal to the medial lemniscus in the pons and mesencephalon (Figs. 147, 254). The *dorsal* tract lies not far from the floor of the fourth ventricle and the central gray matter of the cere-

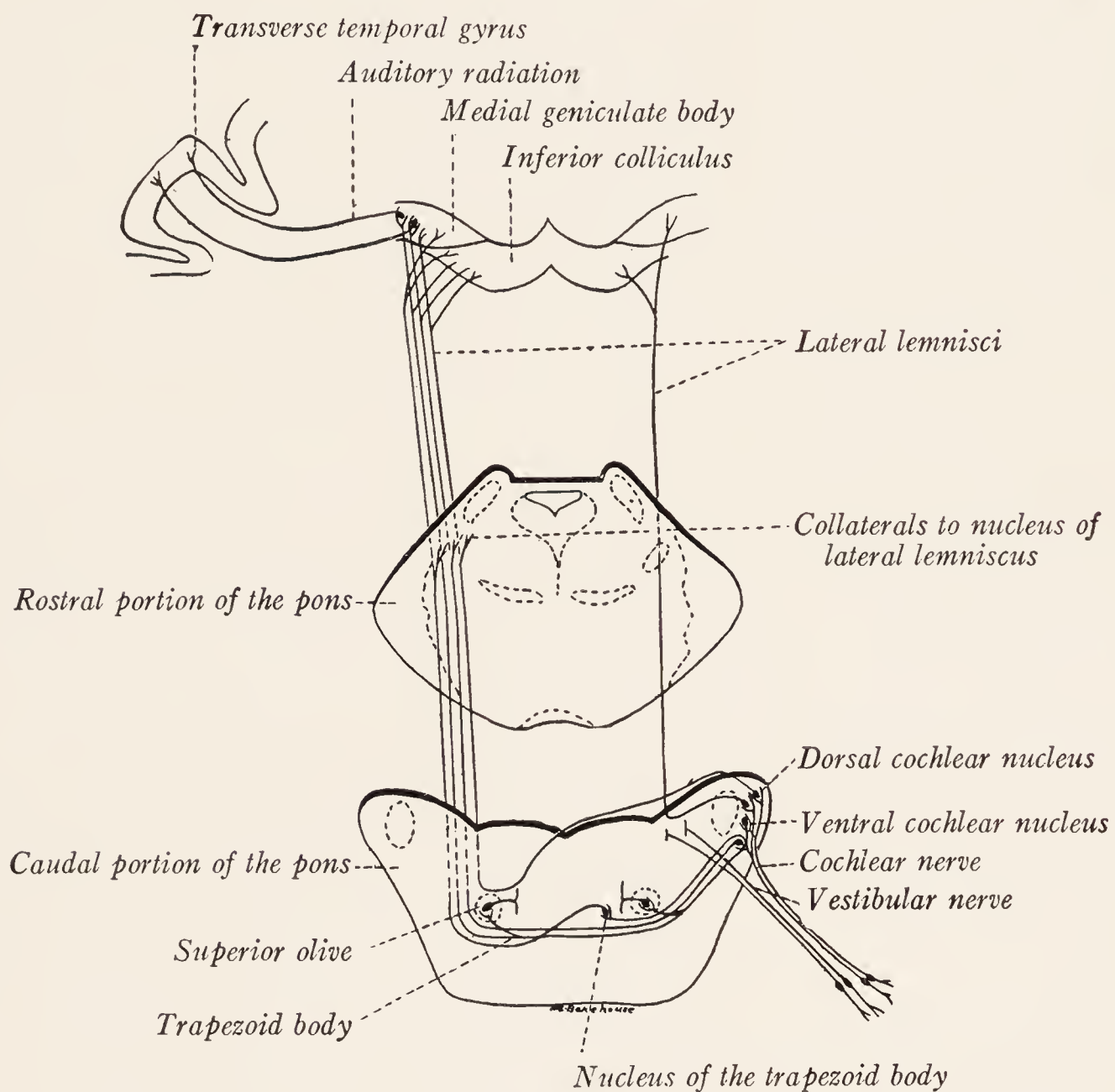


Fig. 253.—Diagram of the auditory pathway. (Based on the researches of Cajal and Kreidl.)

bral aqueduct. It consists in considerable part of uncrossed fibers and of fibers having a short course (Wallenberg, 1905; von Economo, 1911; Dejerine, 1914).

**Neuron III.**—The afferent impulses are relayed from the thalamus to the cortex of the posterior central gyrus by fibers of the third order, which run through the posterior limb of the internal capsule. Their cells of origin are located in the posteromedial ventral nucleus of the thalamus (Fig. 172).

**The Neural Mechanism for Hearing.**—The spiral organ of Corti within the cochlea is connected with the auditory center in the cerebral cortex by a chain of three or more units.



**Neuron I.**—The bipolar cells of the spiral ganglion within the cochlea each send a peripheral process to end in the spiral organ of Corti. Each sends a central branch to ramify in the cochlear nuclei, where it forms synaptic connections with the auditory neurons of the second order (Figs. 148, 253).

**Neuron II.**—The cells, located in the ventral and dorsal cochlear nuclei, give rise to fibers which after crossing the median plane form the lateral lemniscus of the opposite side. Those from the ventral cochlear nucleus cross the pons in the trapezoid body, giving off collaterals to the superior olivary nuclei and the nuclei of the corpus trapezoideum, and may be joined by fibers taking origin in these nuclei. Lateral to the contralateral superior olivary nucleus they turn abruptly rostrad in the lateral lemniscus. The fibers from the dorsal cochlear nucleus run beneath the floor of the fourth ventricle, and then, dipping into the reticular formation of the pons, cross the median raphé to join the trapezoid body and enter the lateral lemniscus. While this tract is for the most part a crossed one, some fibers probably enter the lateral lemniscus from the cochlear nuclei of the same side. This accounts for the fact that it is very rare to have total deafness in either ear resulting from damage to the auditory pathway within the brain. The fibers of this fillet give off collaterals to the nucleus of the lateral lemniscus, from which some additional fibers may be contributed to the tract, which finally terminates in the medial geniculate body and the inferior colliculus of the corpora quadrigemina. The latter, however, serves only as a reflex center, while the medial geniculate body is the way station on the auditory path to the cerebral cortex.

**Neuron III.**—Through synapses in the medial geniculate body the auditory impulses are transferred to neurons of the third order, whose cell bodies are located in this nucleus and whose fibers run through the auditory radiation and the sublenticular part of the internal capsule to the auditory receptive center in the cerebral cortex. It will be remembered that this center is situated in the transverse temporal gyri, located upon the dorsal surface of the temporal lobe (Figs. 200, 245).

**The Neural Mechanism for Sight.**—The nervous impulses responsible for vision travel over a conduction system composed of at least four units. Since this mechanism has already been considered as a whole it is only necessary for us to enumerate here the separate units of which it is composed (Figs. 186, 187).

**Neuron I.**—Visual cells of the retina including the rods and cones, which are differentiated as receptors for photic stimuli.

**Neuron II.**—Bipolar cells of the retina, forming synapses with the visual cells, on the one hand, and the ganglion cells on the other.

**Neuron III.**—Ganglion cells of the retina, whose axons enter the optic nerve, undergo a partial decussation in the optic chiasma, and end in the lateral geniculate body, superior colliculus of the corpora quadrigemina, and the pretectal region.

**Neuron IV.**—From cells in the lateral geniculate body axons run by way of



the geniculocalcarine tract through the sublenticular part of the internal capsule to the visual receptive center in the cerebral hemisphere. This is located in the cortex on both sides of the calcarine fissure and occupies portions of the cuneus and the lingual gyrus (Figs. 245, 246).

### PROPRIOCEPTIVE PATHWAYS

We have traced the course of the afferent impulses from the skin and from the eye and ear to the cerebral cortex, and have learned that they play an especially important part in conscious experience. The stimulation of these exteroceptive sense organs initiates both conscious and reflex adjustments of the body to its environment. But the resulting movements serve to excite the sensory nerve endings in the muscles, joints, and tendons; and any quick movement or change in position of the head will also excite the nerve terminals in the semicircular canals of the ear. From these sources afferent impulses pour back into the nervous system along special paths to centers which to a great extent are separate from those devoted to the exteroceptive functions and serve to regulate the movements already initiated. The necessity for such regulation is well illustrated by the ataxic gait of a tabetic in whom the afferent impulses from the muscles, joints, and tendons are more or less completely lost. In a sense the proprioceptive functions of the nervous system are secondary to the exteroceptive, since the purpose of both is the proper adjustment of the organism to its environment by means of reactions, called forth by external stimuli, but regulated and controlled through afferent impulses arising within the body.

Since in the regulation of movement, the proprioceptive subdivision of the nervous system has to deal with constant factors, inherent in the arrangement of the muscles, the resultant responses are more stereotyped and invariable in character and are, for the most part, subconsciously executed. These reactions belong more to the province of the cerebellum than to that of the cerebrum.

Of the long ascending channels mediating afferent impulses from the muscles, joints, and tendons, only one extends to the cerebral cortex by way of the thalamus; all the others end in the cerebellum. In fact, the cerebellum is the great correlation center for afferent impulses of the proprioceptive group, whether they are conveyed by the vestibular nerve or the muscular branches of the spinal nerves.

It will be understood that on the motor side these two subdivisions of the nervous system are not as distinct as on the afferent side. On the contrary, both tend to discharge into common efferent systems. This is particularly true of the primary somatic motor neuron, which serves as "the final common path" for both.

**The Spinal Proprioceptive Path to the Cerebral Cortex.**—The conduction system, along which those afferent impulses travel which underlie the rather vague sensations of position and posture and of active and passive movements, consists of a chain of at least three units.



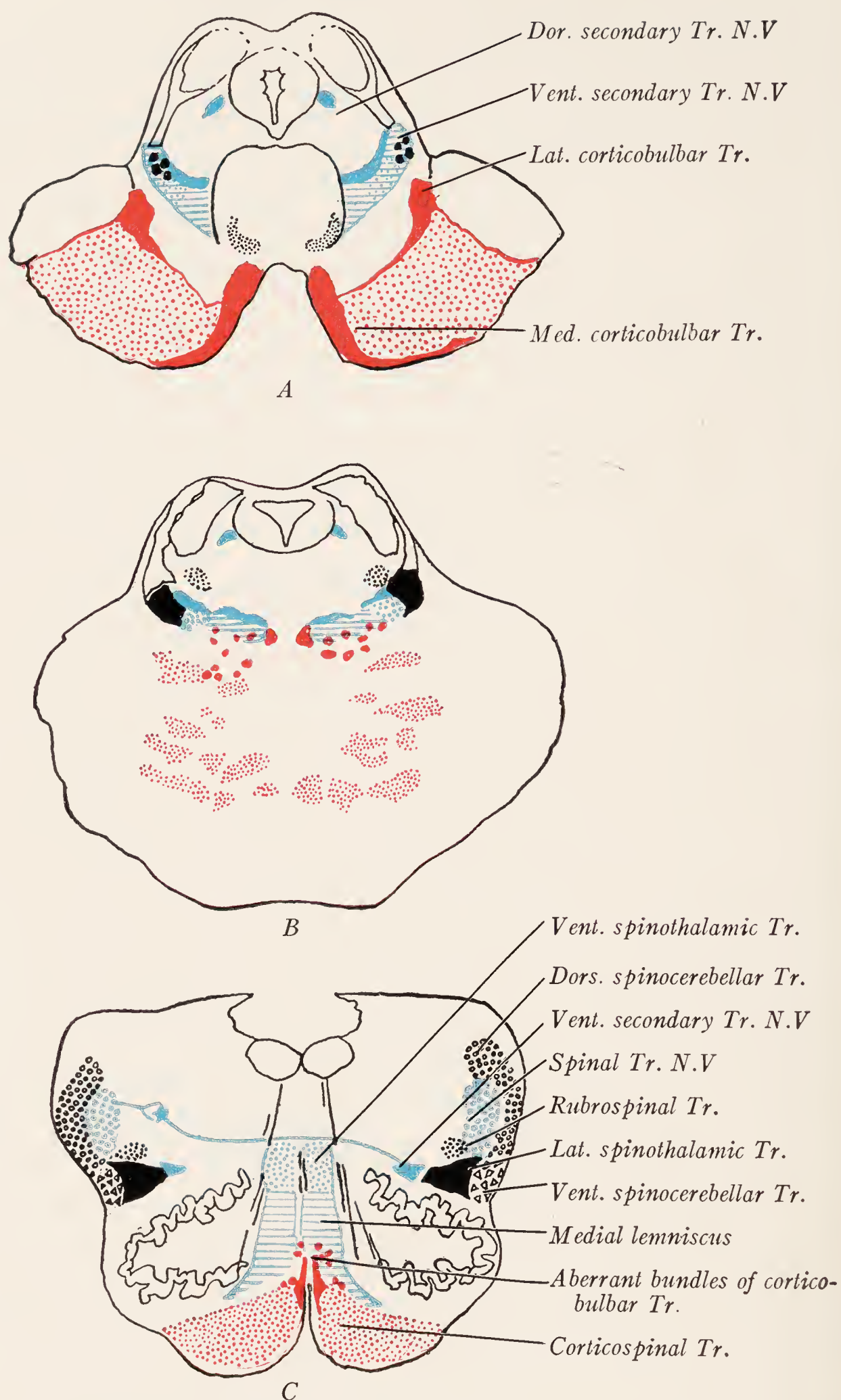


Fig. 254.—Diagrams showing the location of the most important tracts of the brain stem based on figures by Dejerine. Solid red, aberrant bundles of the corticobulbar tract; red stipple, corticospinal tract; solid blue, secondary afferent paths of the trigeminal nerve; horizontal blue lines, the medial lemniscus (proprioceptive); blue stipple, ventral spinothalamic tract (or tactile path); blue circles, spinal root of the trigeminal nerve; solid black, lateral spinothalamic tract (pain and temperature); black triangles, ventral spinocerebellar tract; black circles, dorsal spinocerebellar tract; black stipple, rubrospinal tract. *A*, Through the mesencephalon at the level of the inferior colliculus; *B*, through the rostral part of the pons; *C*, through the medulla at the level of the olive.



**Neuron I.**—The cell bodies of the neurons of the first order belonging to this system are located in the spinal ganglia. Their axons are myelinated and divide into peripheral branches, running to specialized end-organs within the muscles, joints and tendons, and central branches directed through the medial division of the dorsal root into the posterior funiculus of the spinal cord. Here they

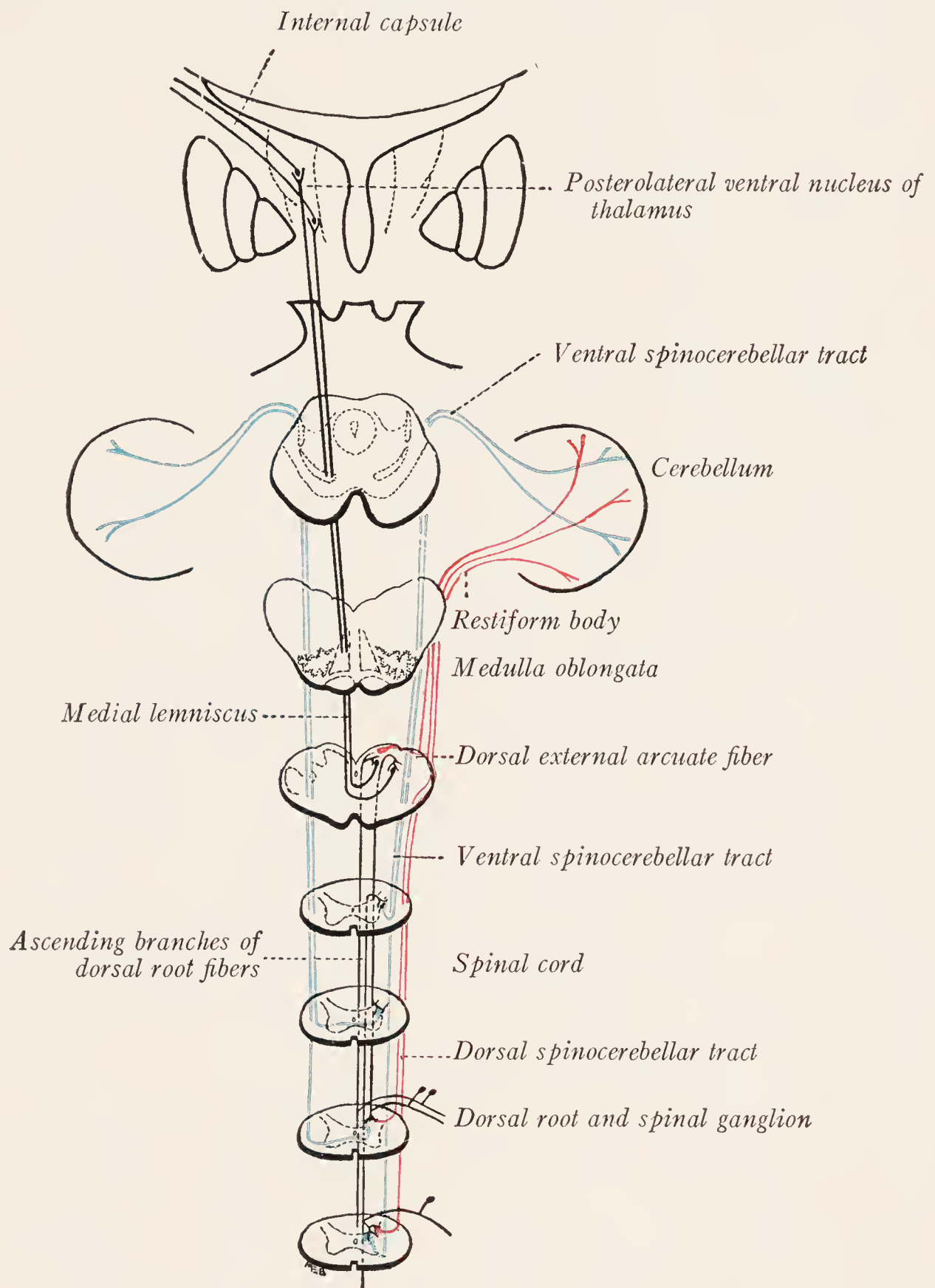


Fig. 255.—The proprioceptive paths.

divide; and their ascending branches run through the posterior funiculus to terminate in the gracile and cuneate nuclei of the medulla oblongata, where they enter into synaptic relations with neurons of the second order (Fig. 255).

**Neuron II.**—From cells located in the gracile and cuneate nuclei the axons run as internal arcuate fibers across the median raphe in the medulla oblongata



and ascend by way of the medial lemniscus to end in the posterolateral ventral nucleus of the thalamus, where they form synapses with neurons of the third order.

**Neuron III.**—From cells in the posterolateral ventral nucleus of the thalamus fibers pass by way of the thalamic radiation through the posterior limb of the internal capsule to the posterior central gyrus or somesthetic area of the cerebral cortex.

**Spinal Proprioceptive Paths to the Cerebellum.**—Impulses from the muscles, joints, and tendons may reach the cerebellum by three routes:

**A. By Way of the Dorsal External Arcuate Fibers:**

**Neuron I** of this chain is the same as in the path to the cerebral cortex just described, the fibers from the dorsal root reaching the cuneate nuclei.

**Neuron II.**—From cells located in these nuclei axons run as dorsal external arcuate fibers to the restiform body of the same side, and thence through the white center of the cerebellum, to end in the cerebellar cortex (Fig. 255, red).

**B. By Way of the Ventral Spinocerebellar Tract:**

**Neuron I.**—The first neuron in this chain is similar to the primary neuron in the two preceding paths. The impulses, however, travel over collateral and terminal branches of the dorsal root fibers to reach the posterior gray column and intermediate gray matter of the spinal cord.

**Neuron II.**—From cells located in the posterior gray column and intermediate gray matter fibers run in the ventral spinocerebellar tracts of the same or opposite side through the spinal cord, medulla oblongata and pons, bend around the brachium conjunctivum, and then course back along the anterior medullary velum to the cortex of the rostral part of the vermis (Fig. 255, blue).

**C. By Way of the Dorsal Spinocerebellar Tract:**

**Neuron I.**—The first neuron of this chain is similar to the primary neuron in the three preceding paths. The impulses, however, travel over those collateral and terminal branches of the dorsal root fibers which ramify about the cells of the nucleus dorsalis.

**Neuron II.**—From cells in the nucleus dorsalis fibers run to the dorsal spinocerebellar tract and through the restiform body to the cortex of both the rostral and the caudal portions of the vermis (Fig. 255, red).

**Cerebellar Connections of the Vestibular Nerve.**—The vestibular nerve conducts impulses from specialized sense organs in the semicircular canals, sacculus and utricle, which are stimulated by movements and changes in posture of the head.

**Neuron I.**—From the bipolar cells of the vestibular ganglion (of Scarpa), located within the internal auditory meatus, peripheral processes run to the maculae of the utricle and saccule and to the cristae of the semicircular canals. The central processes are directed through the vestibular nerve toward the floor of the fourth ventricle and divide into ascending and descending branches. While the descending and many of the ascending branches terminate in the ves-



tibular nuclei, many other ascending branches pass without interruption to end in the cortex of the flocculonodular lobe and the lingula of the cerebellum (Figs. 150, 151).

**Neuron II.**—Some of the cells situated in the vestibular nuclei send their axons, along with the ascending branches mentioned above in the vestibulo-cerebellar tract, to the cortex of the vermis, and to a less extent to the cortex of the cerebellar hemispheres also.



## CHAPTER XXI

### EFFERENT PATHS AND REFLEX ARCS

THE **motor apparatus** is a complex mechanism into which the pyramidal system enters as a single factor. The primary motor neurons of the brain stem and spinal cord are also under the influence of other motor centers than those found in the cerebral cortex. They receive impulses from the corpora quadrigemina through the tectospinal tract, from the lateral vestibular nucleus by way of the vestibulospinal tract, from the large motor cells of the reticular formation through the reticulospinal path, and from the cerebellum by way of the red nucleus and rubrospinal fasciculus.

We must not think of the individual parts of this complex mechanism as functioning separately, since each of these motor centers contributes its share to the control of the primary motor neuron, upon which as the "final common path" all these efferent pathways converge. Only by keeping this fact constantly in mind can the motor functions be properly understood. The same idea has been well stated by Walshe (1919): "In stimulation experiments on the motor cortex we see a complex motor mechanism at work under the influence of an abnormally induced, crude form of hyperactivity of the predominant partner in this mechanism. Conversely, after destructive lesions, we observe it at work liberated from the control of this predominant partner and deprived of its actual coöperation."

On the other hand, the grave motor disturbances resulting from lesions in the basal ganglia and especially the corpus striatum with little or no involvement of the corticospinal tracts (paralysis agitans, Auer and McCough, 1916; bilateral athetosis, Cecile Vogt, 1911; and progressive lenticular degeneration, Wilson, 1912, 1914) have called attention to the clinical importance of the corpus striatum and the extrapyramidal motor path. In these diseases voluntary movements are impeded by tremor, rigidity, and athetosis; and in all probability these disturbances arise because the pyramidal system is deprived of the coöperation of one of the subordinate "partners" in the motor combine.

Even after cerebral control has been entirely eliminated in the cat by removal of the cerebral hemispheres, corpus striatum and thalamus, leaving only the hypothalamus and subthalamus in connection with the brain stem, this animal is able to stand and walk. Subordinate motor centers situated in the subthalamus and rostral portion of the mesencephalon play a very important part in the reflexes involved in standing and walking (Hinsey, Ranson, and McNattin, 1930). If all of the brain is removed, many spinal reflexes can still be elicited (Sherring-



ton, 1906); and we know that somewhat similar independent reflex activity may occur in the spinal cord of man after total transverse lesions (Riddoch, 1917).

### THE GREAT MOTOR PATH

The great motor path from the cerebral cortex to the skeletal musculature, through which the bodily activities are placed directly under voluntary control, is in man and mammals the dominant factor in the motor mechanism. We have seen that afferent channels from the various exteroceptors reach the cerebral cortex; and that through the correlation of the olfactory, auditory, visual, tactile, thermal, and painful afferent impulses which pour into it, there is built up within the cortex a representation of the outer world and its constantly changing conditions. The responses appropriate to meet the entire situation in which the individual finds himself from moment to moment are in large part at least initiated in the cerebral cortex and are executed through the motor mechanism. In these responses the great motor path is the dominant factor, although other parts of the mechanism are secondarily called into action, especially the proprioceptive reflex arcs, including the coördinating mechanism of the cerebellum.

This great motor path consists of two-unit chains. The so-called *upper motor neurons* conduct impulses from the motor cortex to the motor nuclei of the cerebral nerves or to the anterior gray columns of the spinal cord; whence the *lower motor neurons*, also known as *primary motor neurons*, relay the impulses to the muscles. It is possible that another and much shorter element is intercalated between the two chief units of this conduction system.

The motor cortex occupies the rostral lip of the central sulcus and the adjacent portion of the anterior central gyrus, extending over the dorsal border of the hemisphere into the paracentral lobule. Within this area the skeletal musculature is represented in inverted order, that moving the feet near the dorsal border of the hemisphere. The area from which the corticobulbar tract arises is situated near the lateral cerebral fissure (the region marked Eyelids, Mouth, Lips, Tongue, Larynx in Fig. 256). From all the rest of the motor cortex arise the fibers of the corticospinal tract.

The **motor path for the spinal nerves** includes the corticospinal tract and the spinal primary motor neurons.

**Neuron I**, or upper motor neuron. The giant pyramidal cells of the motor cortex give rise to the fibers of the corticospinal tract, which is also known as the cerebrospinal fasciculus or pyramidal tract. These fibers traverse the rostral half of the posterior limb of the internal capsule, the intermediate three-fifths of the basis pedunculi, the basilar portion of the pons, and the pyramid of the medulla oblongata, and after undergoing a partial decussation are continued into the spinal cord (Figs. 257, 258). At the pyramidal decussation in the caudal part of the medulla oblongata the greater part of the tract crosses to the opposite side of the spinal cord and is continued as the lateral corticospinal tract in the lateral funiculus. The smaller part is continued directly into the ventral fu-

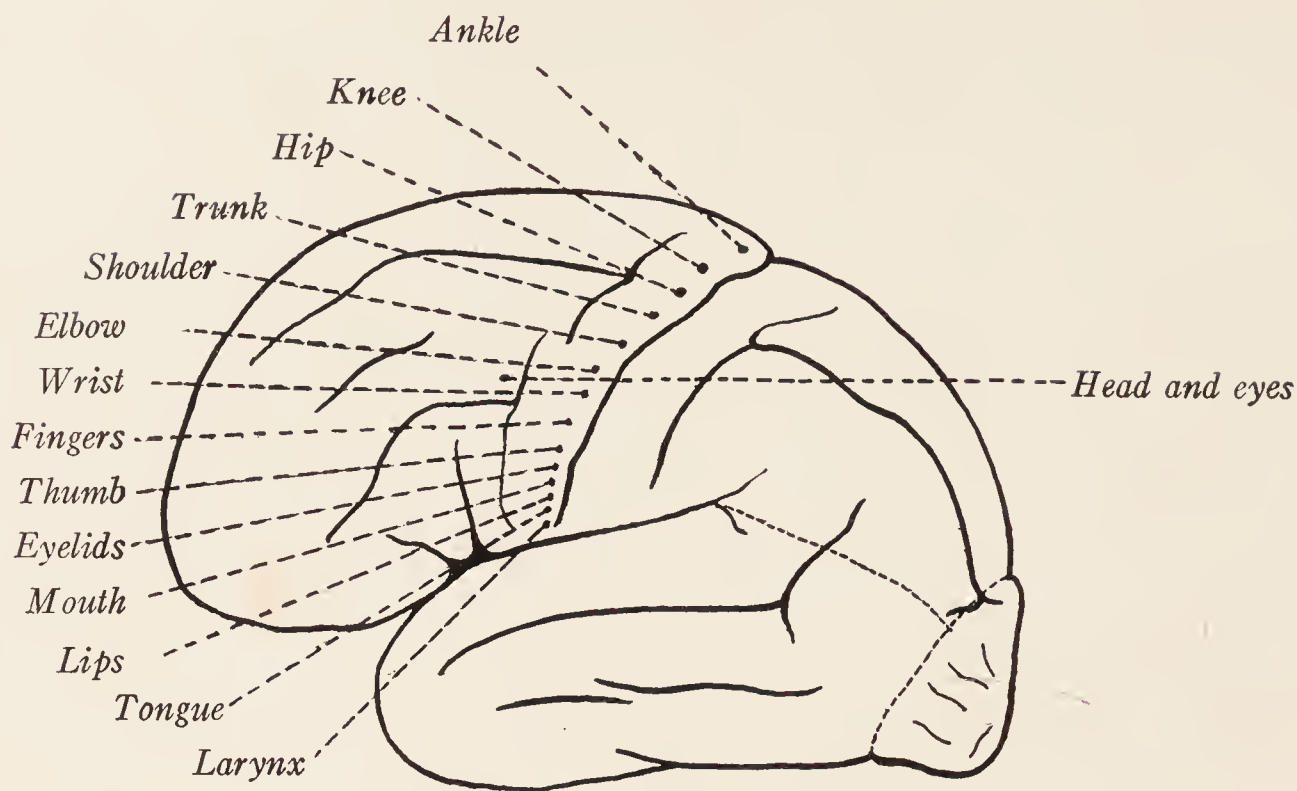


Fig. 256.—Cortical localization upon the lateral aspect of the human cerebral hemisphere.

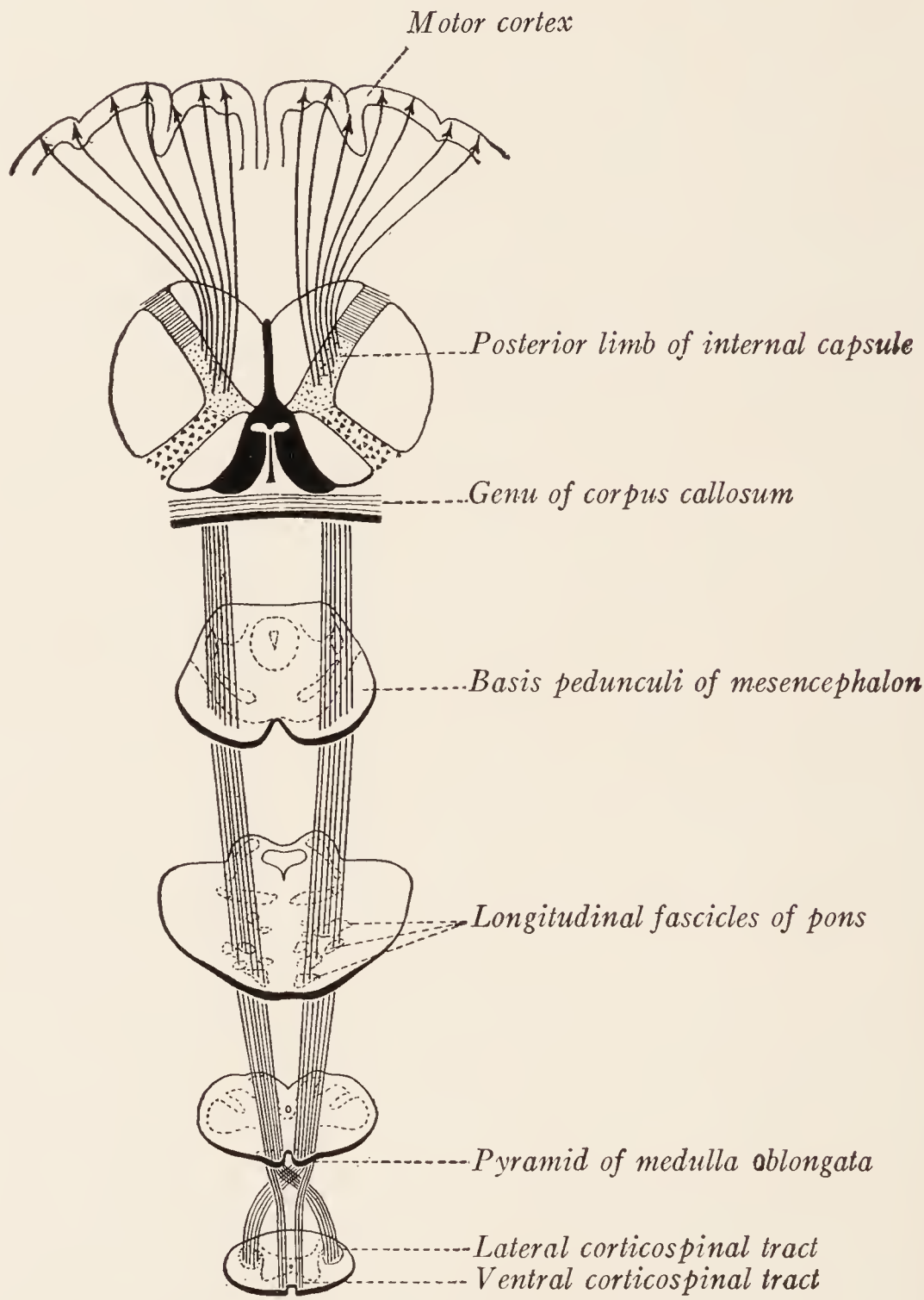


Fig. 257.—The corticospinal path.



niculus of the same side, as the ventral corticospinal tract. The fibers of the ventral tract cross the median plane a few at a time and terminate, as do those of the lateral tract, directly or indirectly in synaptic relations with the primary

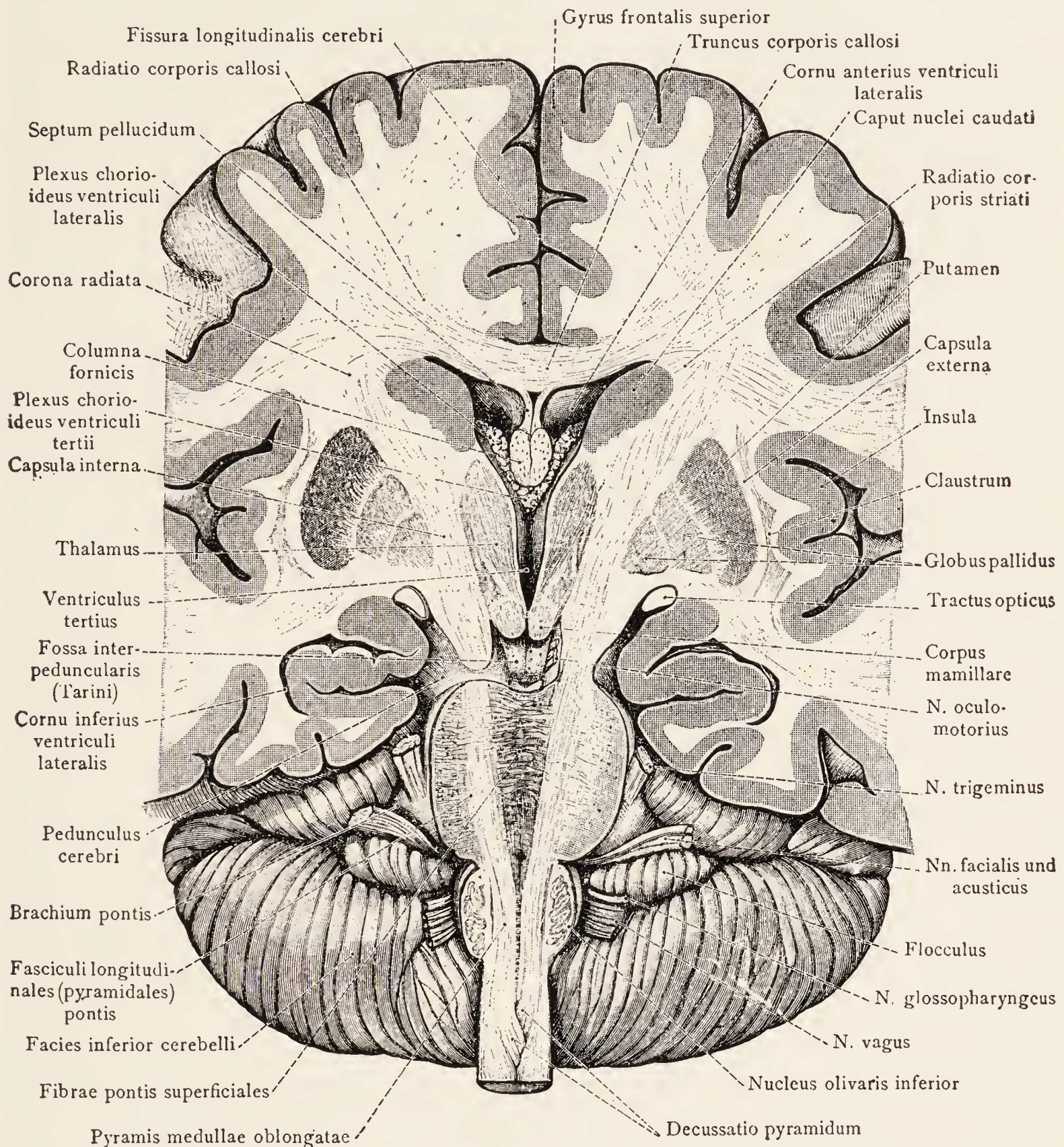


Fig. 258.—Section through the brain in the axis of the brain stem, showing the entire extent of the corticospinal tract. (Toldt.)

motor neurons within the anterior gray column (Fig. 259). The ventral tract is not evident as a well-marked bundle below the level of the midthoracic region.

It has long been known that in the higher mammals the lateral pyramidal tract, although consisting predominatingly of crossed fibers, contains a few homolateral fibers also, and according to the observations of Dejerine (1914) and other investigators this holds true for man. Dejerine speaks of these uncrossed fibers in the lateral corticospinal tract as a third bundle arising out of the motor decussation, and calls it the "homolateral" corticospinal fasciculus.



**Neuron II.**—The large multipolar cells of the anterior gray column of the spinal cord are the lower or primary motor neurons. They give rise to the motor fibers that leave the spinal cord through the ventral roots to be distributed through the spinal nerves to the skeletal musculature.

The **motor path for the cranial nerves** includes the corticobulbar tract and those fibers of the cranial nerves which innervate striated musculature.

**Neuron I**, or upper motor neuron. The corticobulbar fibers arise from the giant pyramidal cells of the part of the motor cortex near the lateral fissure. These fibers run through the genu of the internal capsule and the basis pedunculi to end, directly or indirectly, in synaptic relation to the primary motor neurons of the somatic motor and special visceral motor nuclei of the brain stem. Be-

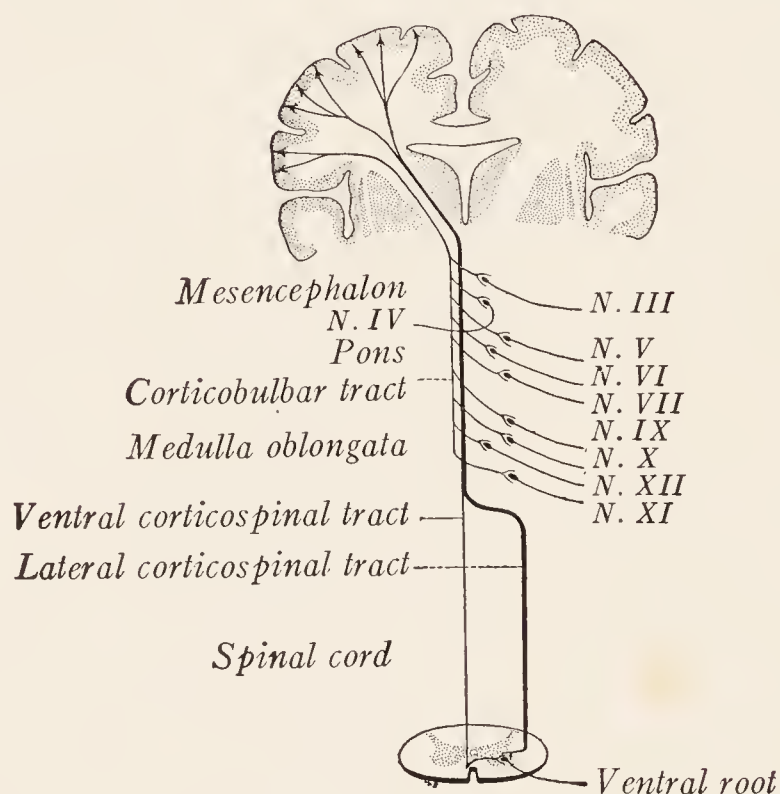


Fig. 259.—The corticobulbar and corticospinal tracts.

fore terminating, the majority cross the median plane, but some end in the motor nuclei of the same side (Fig. 259).

**Neuron II**, lower or primary motor neuron. From the large multipolar cells of the somatic motor and special visceral motor nuclei arise fibers, which run through the cranial nerves to end in striated musculature.

**The Corticobulbar Tract.**—According to Dejerine (1914), who, because of the careful study which he and his associates have made of this efferent system, is most entitled to speak authoritatively on the subject, the corticobulbar fibers occupy chiefly the medial part of the basis pedunculi and its deeper layer. The fibers separate into two major groups. One part follows the course of the corticospinal tract and descends in the basilar portion of the pons and the pyramids of the medulla oblongata. Another part, which he designates as the system of *aberrant pyramidal fibers*, detaches itself from the preceding in small bundles at successive levels of the brain stem. These enter the reticular formation and descend within the region occupied by the medial lemniscus, giving off fibers to the motor nuclei of the cranial nerves (Fig. 260). The fibers undergo an incomplete decussation in the raphé and go chiefly to the nuclei of the opposite side. The decussating fibers are grouped in very small bundles,



those for a given nucleus crossing at the level of that nucleus. There is great variation in the course of the bundles of aberrant pyramidal fibers in different brains.

The *chief aberrant bundles* which can be traced dorsalward into the reticular formation (indicated in solid red in Fig. 254) are as follows:

1. The aberrant fibers of the peduncle (Fig. 260, *F. A. Pd.*) form two bundles, which have been called by some authors the median and lateral corticobulbar tracts. These descend in the territory of the medial lemniscus (Figs. 254, 260) and give off fibers to the nuclei of the third, sixth, and eleventh cranial nerves. With these two bundles run some fibers destined for the upper cervical segments of the spinal cord. This group of aberrant fibers, therefore, controls the movements of the eyes and the associated movements of the head.

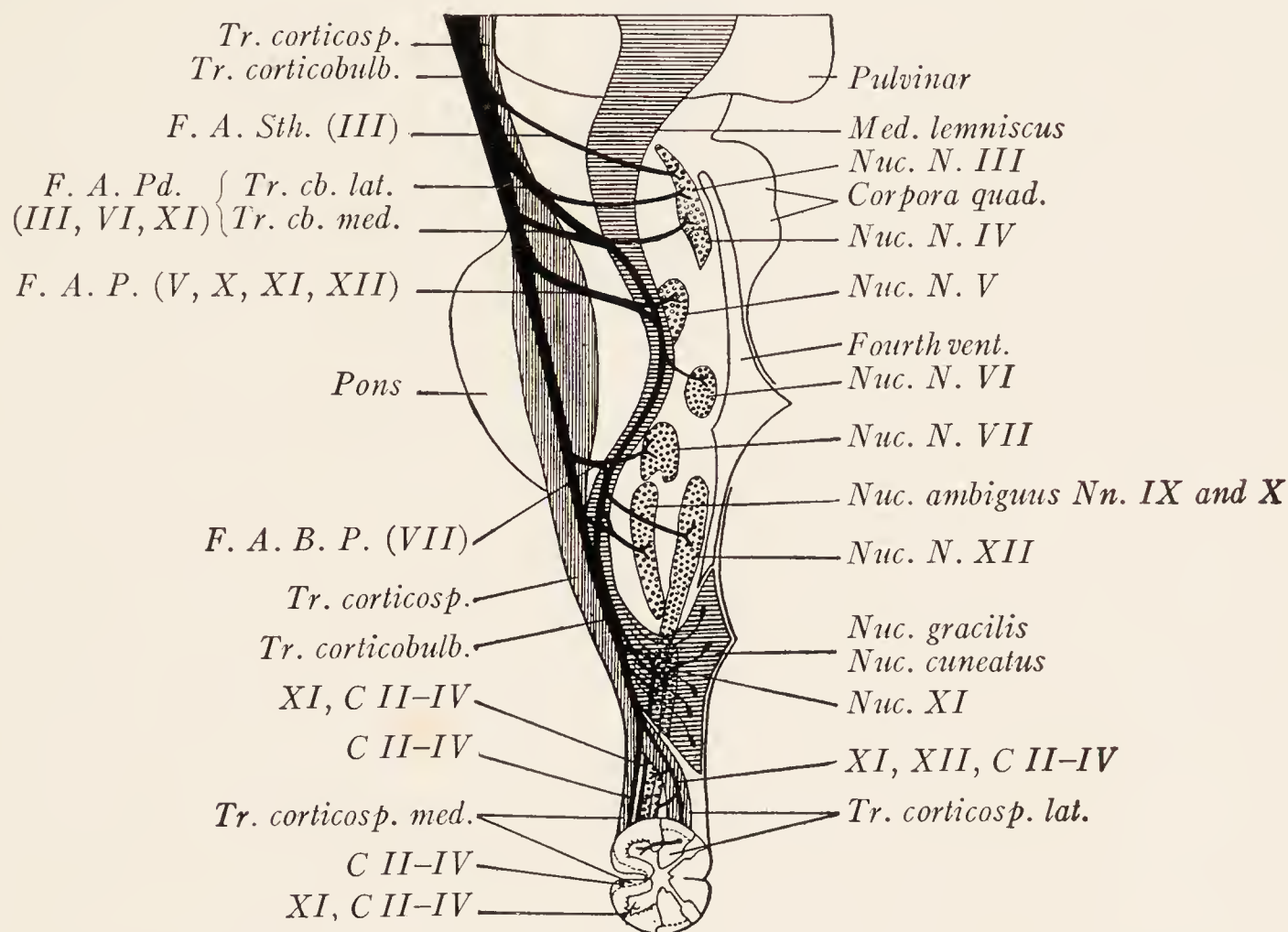


Fig. 260.—The course of the fibers of the corticobulbar tract. Redrawn from Dejerine. Corticobulbar tract, solid black; corticospinal tract, vertical lines; the medial lemniscus, horizontal lines. *F. A. B. P.*, Bulbopontile aberrant fibers; *F. A. P.*, aberrant fibers of the pons; *F. A. Pd.*, aberrant fibers of the peduncle; *F. A. Sth.*, subthalamic aberrant fibers; *Tr. cb. lat.*, tractus corticobulbaris lateralis; *Tr. cb. med.*, tractus corticobulbaris medialis. The Roman numerals indicate the nuclei of the cranial and cervical nerves which are supplied by the various bundles.

2. The aberrant fibers of the pons (Fig. 260, *F. A. P.*) which join the preceding in the medial lemniscus run to the motor nuclei of the trigeminal and hypoglossal nerves and to the nucleus ambiguus.

3. The bulbopontile aberrant fibers (Fig. 260, *F. A. B. P.*) leave the main trunk of the pyramidal system near the level of the sulcus between the pons and medulla. They reinforce the preceding groups, supply the motor nucleus of the facial nerve, and send fibers to the nucleus ambiguus and to that of the hypoglossal nerve.

These facts are of the greatest importance for the clinical neurologist. Lesions restricted to the basilar portion of the pons are likely to destroy at the same time the corticospinal fibers and those of the corticobulbar tract which end in the facial nucleus. A lesion confined to the reticular formation and involving the medial lemniscus may, according to its level, sever the corticobulbar fibers for the motor nuclei of the eye-muscle nerves or those for

the motor nuclei of the trigeminal, accessory, and hypoglossal nerves without involvement of the corticospinal tracts. Conjugate deviation of the head and eyes, not often seen as a result of damage to the basilar portion of the pons, may result from tegmental lesions involving the aberrant fibers of the peduncle.

The *physiologic* and *clinical significance* of the course of the corticospinal and corticobulbar tracts is obvious. It is because of the decussation of these fibers

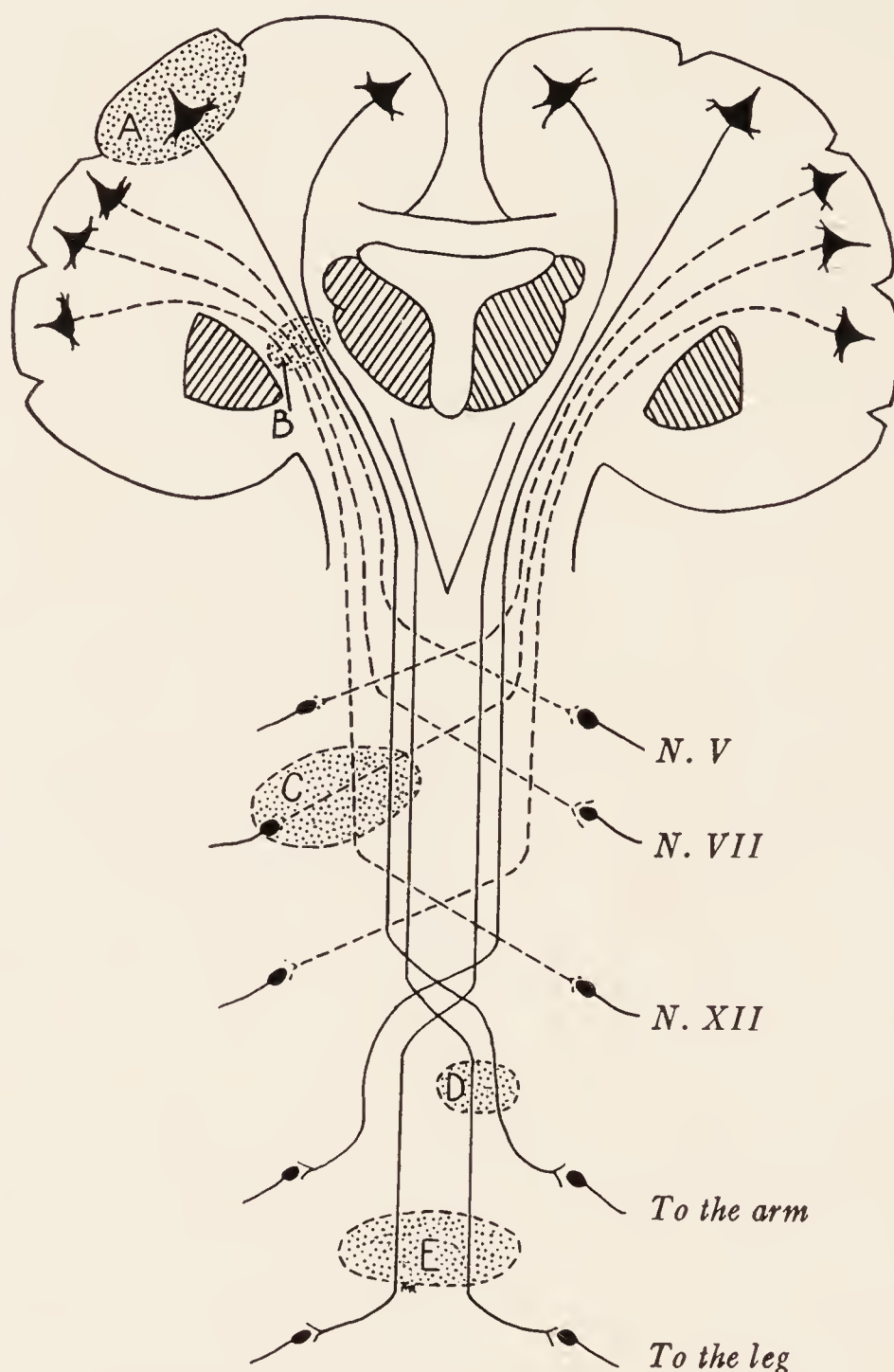


Fig. 261.—Diagram to illustrate the effects of lesions in various parts of the motor path.

that the muscular contractions produced by cortical stimulation occur chiefly on the opposite side of the body, and that the paralyses resulting from lesions in the pyramidal system above the decussation are contralateral. If the lower motor neuron is injured, the associated muscle atrophies and a flaccid paralysis results. Injury to the motor cortex or to the pyramidal tract leads to a loss of function without atrophy, but with an increased tonicity of the affected muscle, *i. e.*, to a spastic paralysis. By means of such differential characteristics as these it is possible to tell which of the two parts of the motor path has been broken.

In order to understand the combination of symptoms, which result from



damage to the motor path at different levels, it is necessary to have in mind the topography of its constituent parts. Some of these relations are indicated in Fig. 261. Since the motor cortex is spread out over a rather extensive area, it is usually not entirely destroyed by injury or disease. A restricted cortical lesion may cause a *monoplegia*, *i. e.*, paralysis of a single part, such as the arm or leg (Fig. 261, *A*). But in the internal capsule the motor fibers are grouped within a small area and are frequently all destroyed together. This causes paralysis of the opposite half of the body or *hemiplegia* (Fig. 261, *B*). Damage to the pyramidal system in the cerebral peduncle, pons, or upper part of the medulla oblongata may also cause hemiplegia; but in such cases those corticobulbar fibers, which leave the main strand of pyramidal fibers above the level of the lesion, may escape injury and the corresponding cranial nerves need not be involved (Fig. 261, *C*). Furthermore, in lesions of the brain stem the motor nucleus or emergent fibers of one of the cranial nerves may be destroyed along with the pyramidal fibers, in which case there would result a paralysis of the muscles supplied by that nerve as well as a paralysis of the opposite half of the body below that level—a *crossed paralysis* (Fig. 261, *C*). While damage to the spinal cord may affect only one lateral half and cause a homolateral paralysis below the lesion (Fig. 261, *D*), it is common for both lateral halves to be involved and for the resulting paralysis to be bilateral (Fig. 261, *E*).

**The Extrapyramidal Motor Paths.**—In recent years it has become increasingly evident that the pyramidal system is not the only channel through which volitional impulses are able to reach the primary motor neurons of the brain stem and spinal cord. After the motor cortex of Area 4 has been removed strong faradic stimulations of Areas 6, 5, and 22 evoke mass movements of the opposite side of the body (Fig. 244). The impulses initiating these movements travel to the spinal cord over extrapyramidal motor paths, concerning which surprisingly little is known. Fulton (1938) has listed descending paths from the cortex as follows: corticopontine tract, corticonigral tract, corticorubral tract, corticomesencephalic tract, corticosubthalamic tract, corticothalamic system, corticostriate system, corticohypothalamic tract, and occipital projections. While some of these paths can be ruled out as probable factors in the mass movements just mentioned, it is impossible to say which ones, if any, of the others carry the impulses responsible for these movements. Other information concerning extrapyramidal motor functions are given on pp. 265, 300, 301, 322.

#### THE CORTICO-PONTO-CEREBELLAR PATH

The cortico-ponto-cerebellar path is an important descending conduction system which places the cerebellum under the influence of the cerebral cortex. Since a part of the corticopontile fibers are collaterals given off to the nuclei of the pons by the corticospinal fibers, and since in many mammals practically all of the corticopontile fibers are represented by such collaterals (Cajal, 1909), one can scarcely avoid the conclusion that through this system the coördinating

mechanism of the cerebellum is brought into play for the regulation of movements initiated from the cerebral cortex (Fig. 262).

**Neuron I.**—From pyramidal cells in the frontal lobe of the cerebral cortex fibers pass through the anterior limb of the internal capsule and the medial one-fifth of the basis pedunculi; and similar fibers from the temporal lobe descend through the sublenticular part of the internal capsule and the lateral one-fifth of the basis pedunculi. These fibers, together with the corticospinal tract, form the longitudinal fasciculi of the pons; and, along with collaterals from that tract, they end within the nuclei pontis in synaptic relations with the neurons of the second order (Figs. 121, 262).

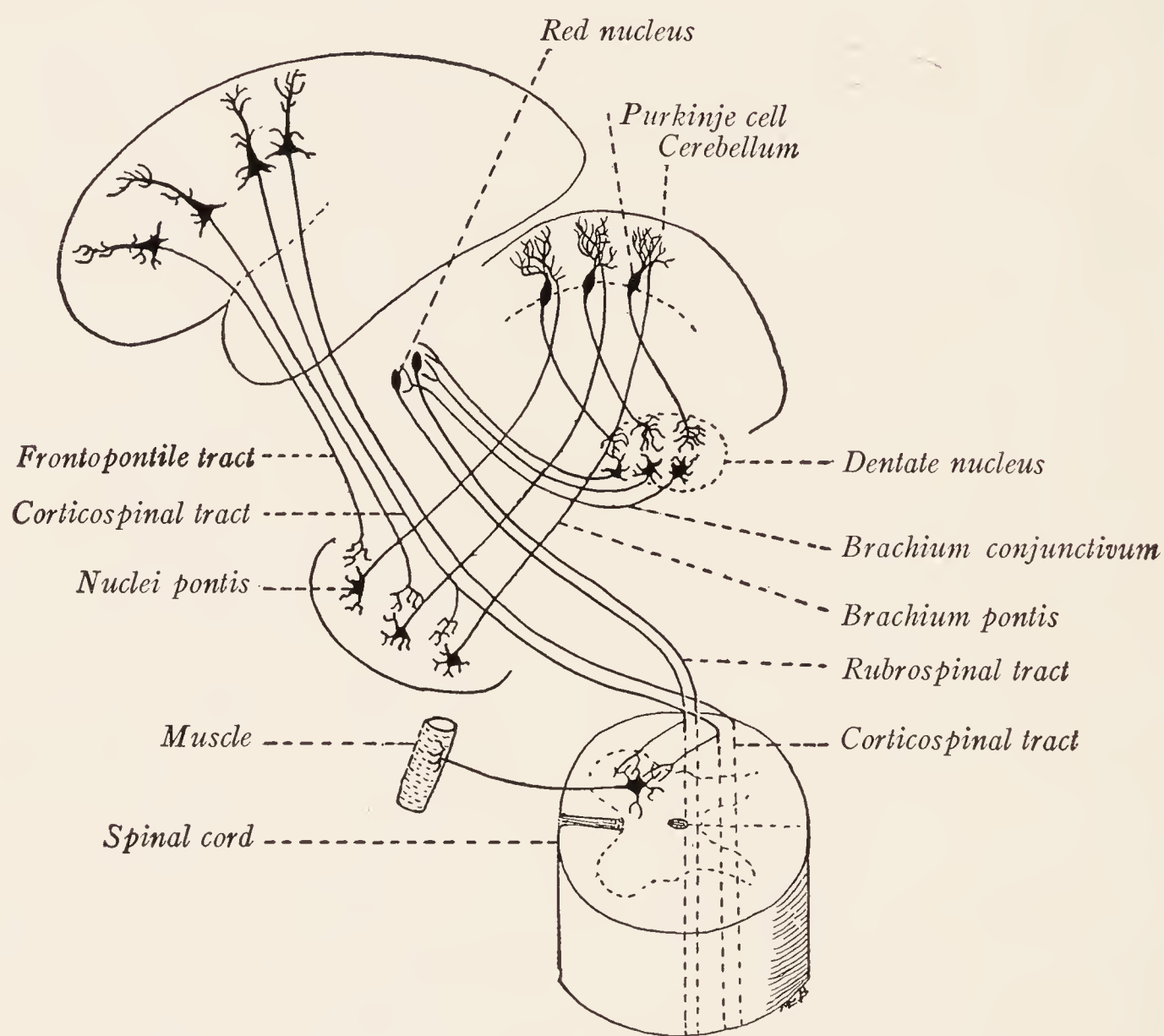


Fig. 262.—The cortico-ponto-cerebellar and cerebello-rubro-spinal paths. (Modified from Cajal.)

**Neuron II.**—Arising from cells in the nuclei pontis, the transverse fibers of the pons cross the median plane and run by way of the brachium pontis and white substance of the cerebellum to the cerebellar cortex of the opposite side.

The cortico-ponto-cerebellar system appears to play an important part in the coördination of large movement complexes. According to Turner and German (1941) section of the brachium pontis in monkeys caused a serious disturbance in the coördination of the lower with the upper extremities in locomotion but did not significantly affect the execution of precise manual functions or learned behavior.



## THE CEREBELLO-RUBRO-SPINAL PATH

The cerebello-rubro-spinal path is the conduction system through which the cerebellum contributes its important share to the control of the primary motor neurons of the spinal cord for the regulation of muscular tone and the production of motor synergy. Other efferent connections of the cerebellum have been discussed on p. 205.

**Neuron I.**—From the Purkinje cells of the cerebellar cortex fibers run to terminate in the central nuclei of the cerebellum, especially the dentate nucleus (Fig. 262).

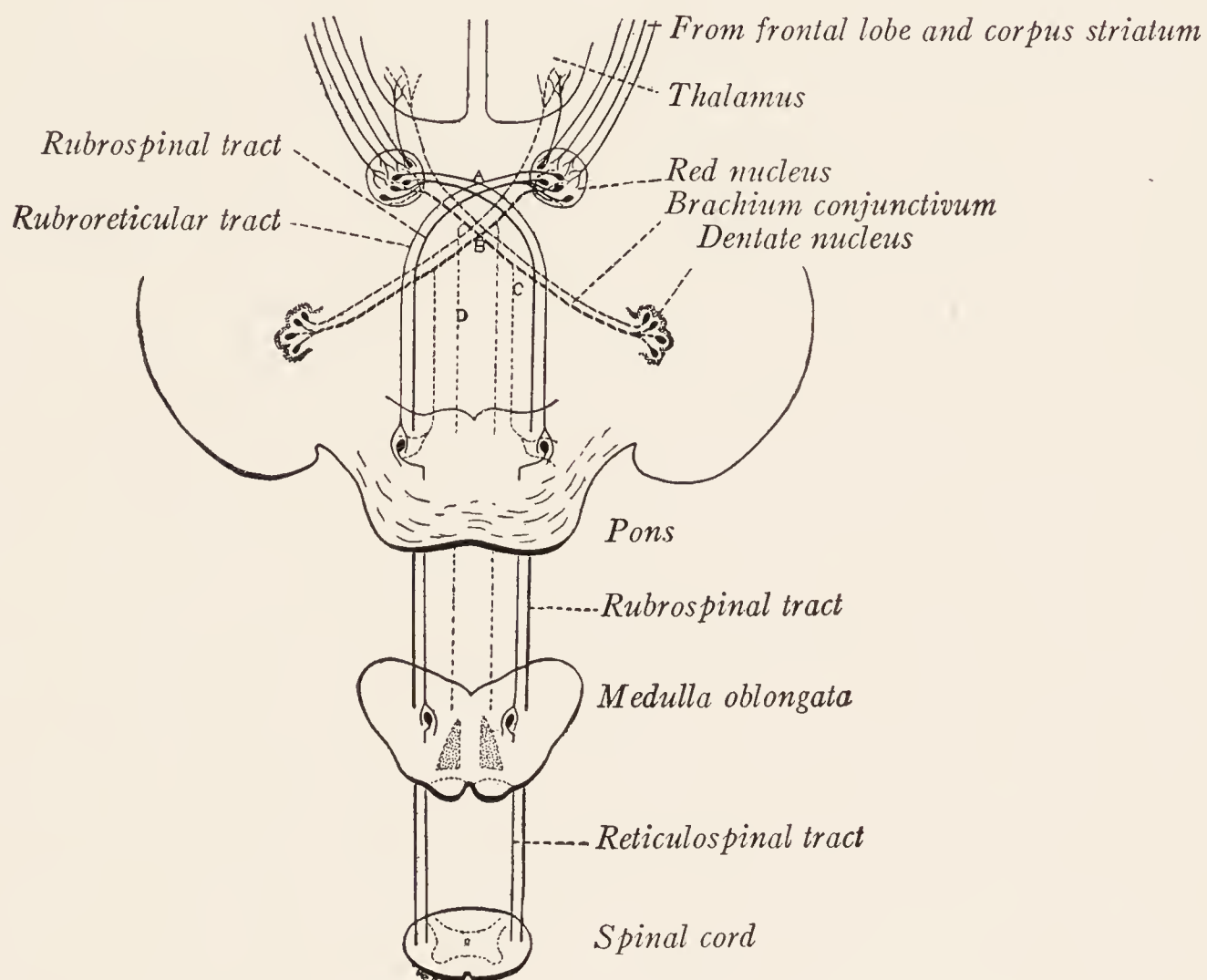


Fig. 263.—Diagram showing the connections of the red nucleus: *A*, Ventral tegmental decussation; *B*, decussation of the brachium conjunctivum; *C* and *D*, descending fibers from brachium conjunctivum, before and after its decussation respectively.

**Neuron II.**—Arising chiefly from the cells of the dentate nucleus, fibers run through the brachium conjunctivum, undergo decussation in the tegmentum of the midbrain ventral to the inferior colliculi, and end in the red nucleus and thalamus (Figs. 262, 263).

**Neuron III.**—From the large cells in the red nucleus arise the fibers of the rubrospinal tract, which cross the median plane in the ventral tegmental decussation, and descend through the reticular formation of the brain stem and the lateral funiculus of the spinal cord. Here this tract occupies a position just ventral to the lateral corticospinal tract, and its fibers end in the anterior gray column in relation to the primary motor neurons. In man, where the large cells of the red nucleus are few and the rubrospinal tract is small, it is possible that the chief

spinal connections are made through the rubroreticular and reticulospinal tracts (Fig. 130).

### IMPORTANT REFLEX ARCS

We have considered the afferent paths leading to the cerebral cortex and to the cerebellum as well as the efferent channels which conduct impulses from these centers to the skeletal musculature. But there are many paths by which impulses may travel more directly from receptor to effector, and these are known as reflex arcs. It will be worth while to review briefly a few of the more important of these rather direct receptor to effector circuits.

**Reflex Arcs of the Spinal Cord.—Neuron I.**—Primary sensory neurons, with cell bodies in the spinal ganglia, convey impulses from the sensory endings to the spinal cord, then along the ascending and descending branches resulting from the bifurcation of the dorsal root fibers within the cord, and along the collaterals of these branches to the primary motor neurons, either directly or through an intercalated central unit (Figs. 34, 82, 83).

**Neuron II.**—The central neurons have their cell bodies in the posterior gray column and may belong to Golgi's Type II, having short axons restricted to the gray matter; or their axons may be long, running through the fasciculi proprii to the ventral horn cells at other levels of the cord. Some of these central axons cross the median plane in the anterior commissure.

**Neuron III.**—Primary motor neurons, with cell bodies in the anterior gray column, send their axons through the ventral roots and spinal nerves to the skeletal musculature. Or in the case of visceral reflexes, the motor neuron has its cell body located in the intermediolateral cell column, and its axon runs as a preganglionic fiber to a sympathetic ganglion, whence the impulses are relayed by a fourth or postganglionic neuron to involuntary muscle or glandular tissue.

The **reflex paths of the cranial nerves** are similarly constituted, except that rarely if ever do the sensory fibers form synapses directly with the motor cells. The central neuron, which has its cell located in the sensory nucleus of a given nerve, sends its axon through the reticular formation to the motor nucleus of the same or of some other nerve (Figs. 103, 126). Two of the reflex circuits connected with the vestibular nerve require special attention.

**Vestibular Reflex Arc through the Medial Longitudinal Bundle.—Neuron I.**—The bipolar cells of the vestibular ganglion in the internal auditory meatus send peripheral processes to the cristæ of the semicircular canals and maculæ of the saccule and utricle. Their central processes run through the vestibular nerve to the vestibular nuclei (Figs. 150, 264).

**Neuron II.**—Cells in the medial, spinal, and superior vestibular nuclei send their axons into the medial longitudinal fasciculus of the same or the opposite side, within which they run giving off branches to the nuclei of the oculomotor, trochlear, and abducens nerves and to the motor cells of the cervical portion of the spinal cord (Fig. 264).



**Neuron III.**—Primary motor neurons of the oculomotor, trochlear, abducens, accessory, and cervical spinal nerves send their axons to the muscles that move the head and eyes.

This arc is concerned with the reflex regulation of the combined movements of the head and eyes in response to the vestibular stimulation which results from every movement and change of posture of the head. Strong stimulation of the semicircular canals, vestibular nerve, or Deiters' nucleus causes an oscillatory side-to-side movement of the eyes, known as nystagmus, a reflex response of an abnormal character mediated through this arc (Wilson and Pike, 1915).

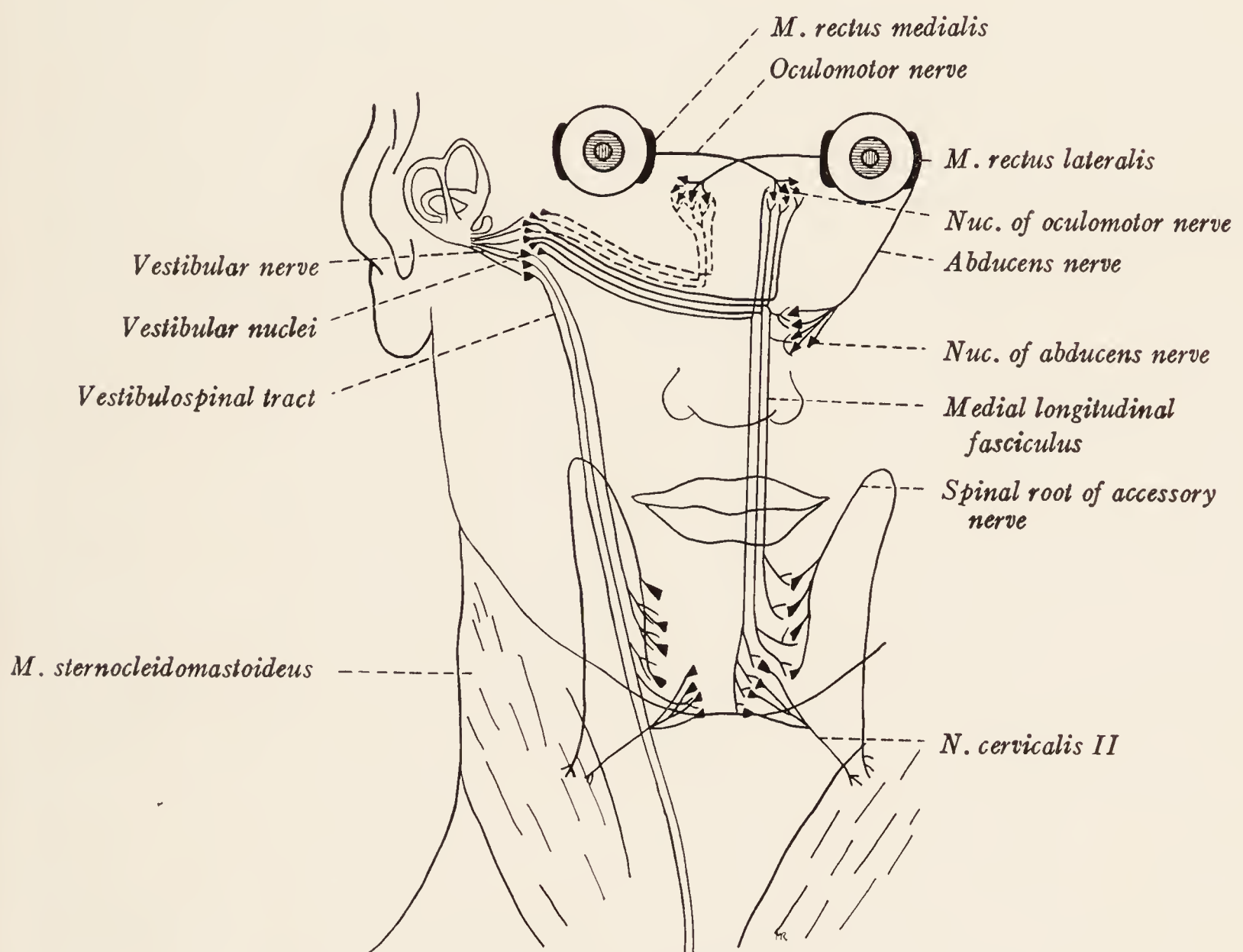


Fig. 264.—Vestibular reflex arcs. (Modified after Edinger.)

A *vestibulospinal reflex arc* is established between the vestibular sense organs and the skeletal musculature and consists of the following parts: the vestibular nerve; the vestibulospinal tract, which has its origin in the lateral vestibular nucleus, and descends in the ventral funiculus of the same side of the spinal cord; and the primary motor neurons of the spinal cord (Fig. 264).

The afferent impulses reaching the medulla oblongata by way of the *vagus* give rise to a great variety of reflexes. While these are for the most part purely visceral, some are executed by the somatic musculature. The respiratory mechanism has been discussed on p. 147.

The reflex mechanism for vomiting and coughing is illustrated in Fig. 265. As the result of an irritation of the stomach, gall-bladder or duodenum, a wave of excitation travels along the afferent fibers of the vagus nerve and the tractus solitarius. After passing through synapses in the nucleus of that tract and probably through other synapses in the reticular formation, the impulses travel down the spinal cord to the primary motor neurons which give rise to the fibers innervating the diaphragm and abdominal muscles. At the same time the musculature, surrounding the cardiac orifice of the stomach, relaxes due to inhibitory impulses reaching the cardia from the dorsal motor nucleus of the vagus over

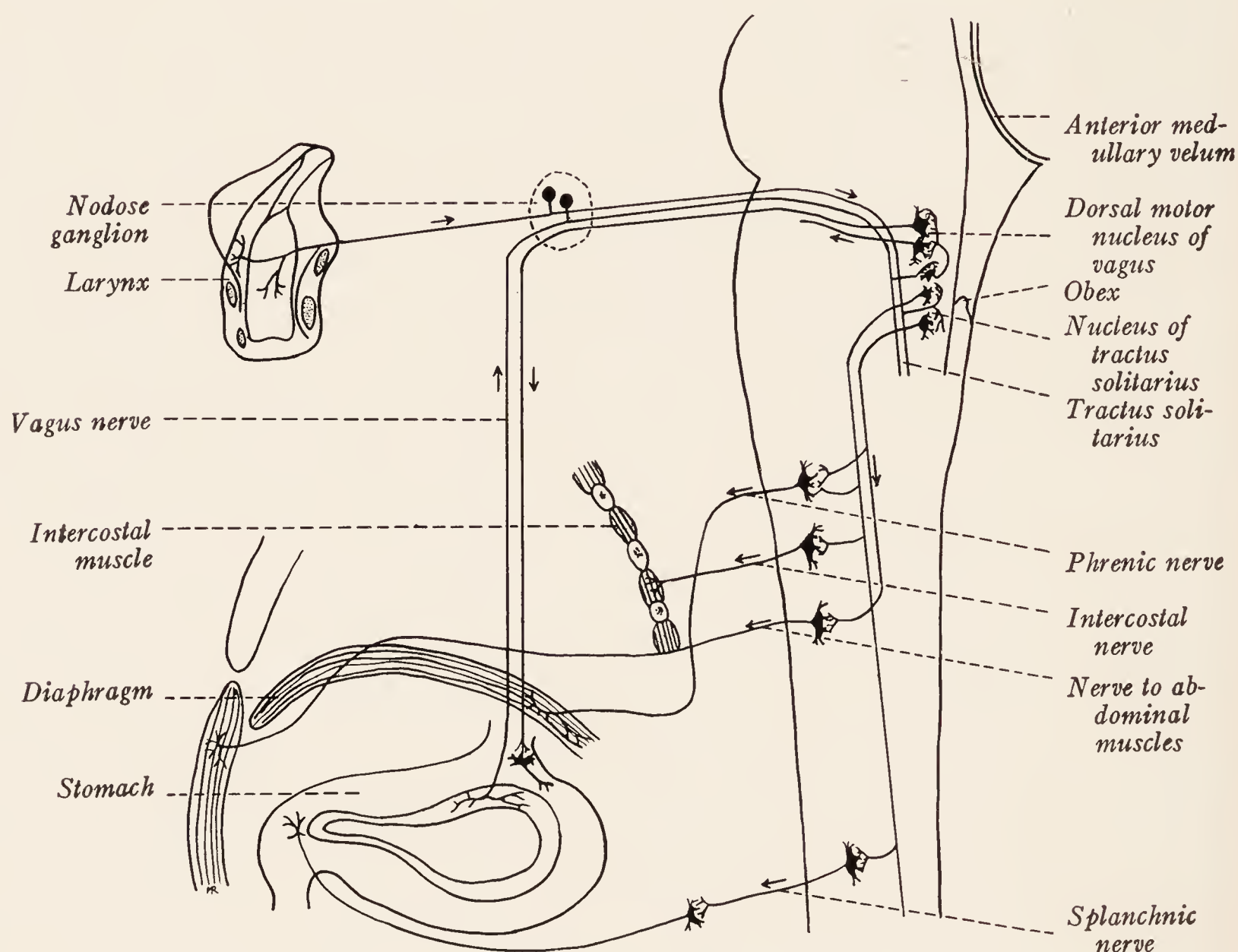


Fig. 265.—Reflex mechanism of coughing and vomiting.

the visceral efferent fibers of that nerve and an intercalated postganglionic neuron. Closure of the pylorus is caused by impulses leaving the spinal cord over the splanchnic nerves.

A similar neural circuit is probably responsible for reflex coughing. From the irritated respiratory mucous membrane, as, for example, of the larynx, the disturbance is propagated along the afferent fibers of the vagus, through the nucleus of the tractus solitarius and the descending fibers arising in it to the spinal primary motor neurons, which innervate the diaphragm and the intercostal and abdominal muscles.



The **corpora quadrigemina** are important reflex centers. The path for *reflexes in response to sound* begins in the spiral organ of Corti and follows the cochlear nerve and its central connections, including the lateral lemniscus, to the inferior colliculus of the opposite side, and to a less extent of the same side also. Thence the path follows the tectospinal and tectobulbar tracts to the primary motor neurons of the cerebrospinal nerves. The *visual reflex arc* begins in the retina, follows the optic nerve and optic tract with partial decussation in the chiasma, to the superior colliculus of the corpora quadrigemina; thence it is continued by way of the tectospinal and tectobulbar paths to the primary motor neurons of the cerebrospinal nerves (Fig. 187).

**Pupillary Reactions.**—The iris is innervated by two sets of sympathetic nerve-fibers derived from the ciliary and the superior cervical sympathetic gang-

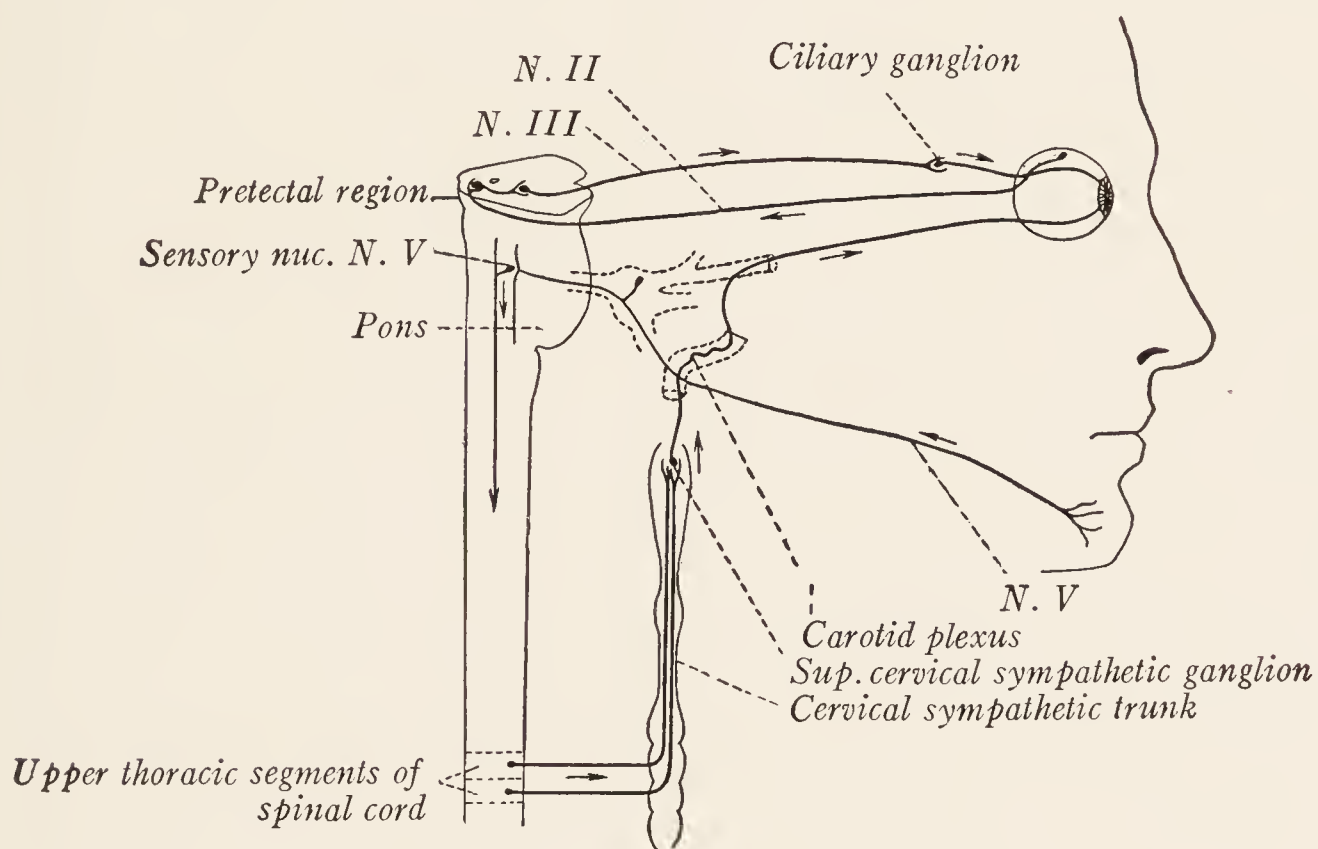


Fig. 266.—Pupillary reflex arcs.

lia, respectively. Impulses reaching the iris through the latter ganglion induce dilatation of the pupil; those through the ciliary ganglion cause constriction. The latter reaction always accompanies accommodation. When vision is focused on a near object, contraction of the ciliary muscle results in accommodation; and at the same time contraction of the two internal rectus muscles brings about a convergence of the visual axes. These two movements are always associated with a third, the contraction of the sphincter pupillæ. In addition to this constriction of the pupil, which accompanies accommodation, two other pupillary reactions require attention (Fig. 266).

**The Pupillary Reflex (Light Reflex).**—When light impinges on the retina there results a contraction of the sphincter pupillæ and a corresponding constriction of the pupil. The reflex circuit, which is traversed by the impulses bringing about this reaction, begins in the retina and includes the following elements: the

fibers of the optic nerve and tract, with a partial decussation in the optic chiasma; synapses in the pretectal region, the zone of transition between the thalamus and superior colliculus; fibers arising in the pretectal region and, after a partial crossing in the posterior commissure, arching ventrally around the gray matter surrounding the rostral end of the cerebral aqueduct to end in the nucleus of Edinger-Westphal (visceral efferent portion of the oculomotor nucleus); the visceral efferent fibers of the oculomotor nerve, ending in the ciliary ganglion; and the postganglionic fibers extending from the ciliary ganglion to the iris.

In *tabes dorsalis* the reaction of the pupil to light is lost while the reaction to accommodation remains unimpaired. This condition is known as the Argyll Robertson pupil. Wilkinson (1927) has suggested that the contraction of the pupil during accommodation is really associated with the accompanying convergence and is a reflex initiated through the proprioceptive endings in the extrinsic muscles of the eye. An Argyll Robertson pupil is produced by a lesion interrupting the afferent limb of the arc for the pupillary reflex to light while the optic fibers ending in the lateral geniculate body remain intact (Fig. 266). Such a lesion does not affect the pathways involved in the reaction of accommodation.

The *pupillary-skin reflex* is a dilatation of the pupil following scratching of the skin of the cheek or chin. This is but one example of the fact that dilatation of the pupil can be induced by strong stimulation of many sensory nerves and constantly occurs in severe pain. The path, as it has usually been described, includes the following parts: the fibers of these sensory nerves and their central connections in the brain stem and spinal cord; preganglionic visceral efferent fibers, which arise from the cells of the intermediolateral column of the spinal cord and run through the upper white rami and the sympathetic trunk to the superior cervical sympathetic ganglion; and postganglionic fibers, which arise in that ganglion and run through the plexus on the internal carotid artery to end in the iris (Fig. 266). This statement, which would formerly have gone unchallenged, now requires qualification. In the cat the pupillary-pain reflex is due to an inhibition of the tonic activity of the Edinger-Westphal nucleus and is not impaired by section of the cervical sympathetic trunk (Ury and Gellhorn, 1939). But in the monkey and probably also in man reflex dilatation of the pupil may be evoked by activation of its sympathetic innervation as well as by inhibition of its parasympathetic innervation.



## CHAPTER XXII

### MENINGES AND BLOOD VESSELS OF THE BRAIN

THE brain is protected by three membranes or meninges and cushioned by a layer of cerebrospinal fluid, which varies in thickness so as to fill in all the depressions in the brain's uneven surface.

The **dura mater**, the most superficial of the three membranes covering the brain and spinal cord, is thick and tough. The spinal dura is separated from the

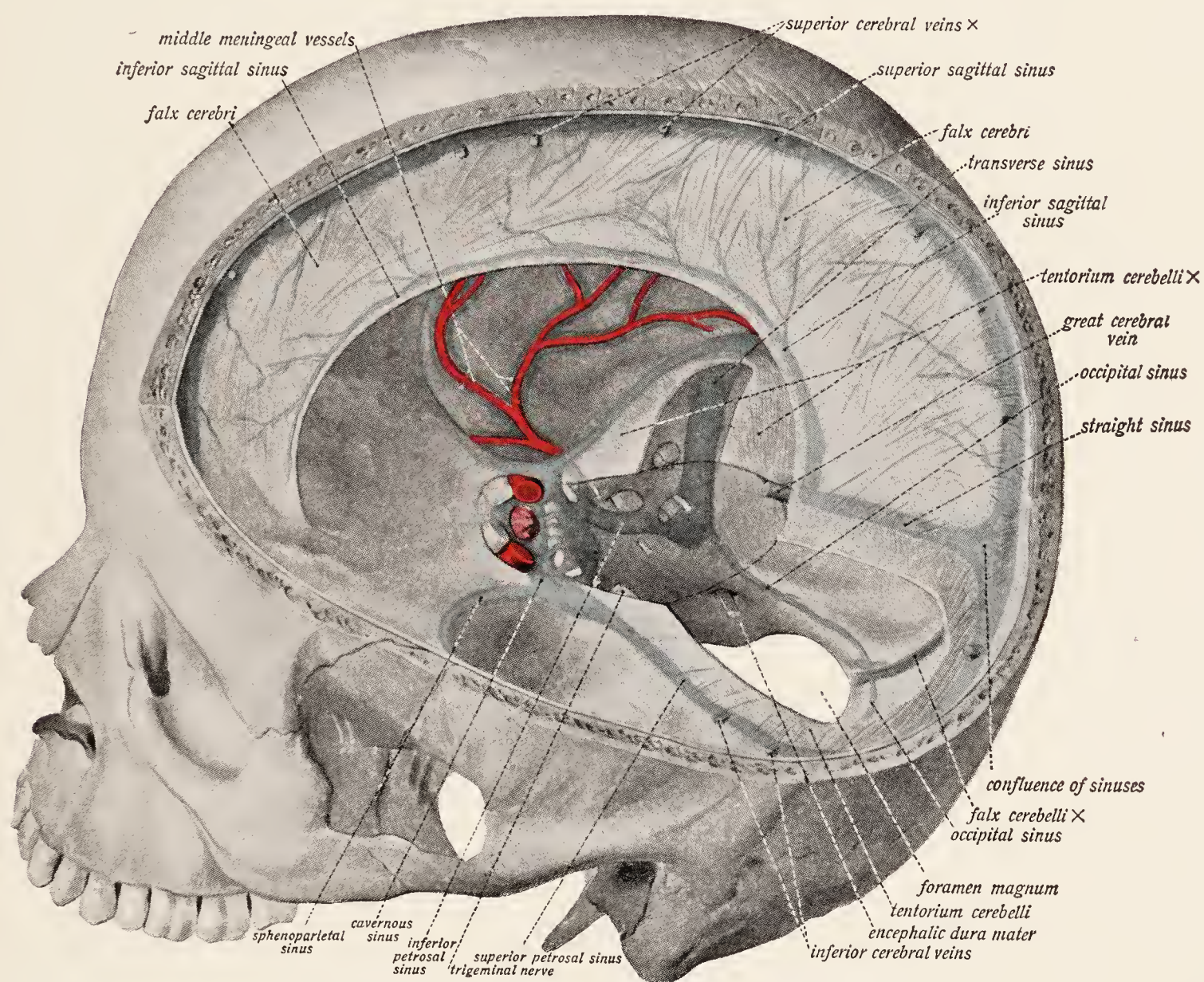


Fig. 267.—The dura mater and intracranial venous sinuses. The tentorium cerebelli has been partly removed. (After Sobotta-McMurrich, slightly modified.)

periosteum of the vertebræ by fat and blood vessels, but within the cranium the dura and periosteum are fused. In other words the intracranial dura consists of two layers, the outer of which is periosteum. The inner layer or dura proper separates from the outer at certain points to form folds that project into the cranial cavity: the tentorium cerebelli, falx cerebri, and falx cerebelli (Fig. 267). The *tentorium cerebelli* is stretched like a tent over the posterior cranial fossa and separates the occipital lobes of the cerebral hemispheres from the cere-



bellum. The *falx cerebri*, a long sickle-shaped fold, projects downward in the midline and separates the two cerebral hemispheres. Beneath its free margin the corpus callosum joins the two hemispheres together. At its posterior end it is attached to the tentorium, drawing this upward in the midline to a tent-like peak. The falx cerebri and tentorium cerebelli are stretched tight and serve mutually to keep each other taut. A much smaller sickle-shaped fold, the *falx cerebelli*, projects forward in the midline in the posterior cranial fossa. Venous sinuses, to be described in another paragraph and illustrated in Fig. 267, lie within clefts formed by the separation of the inner from the outer layers of dura (superior longitudinal, transverse, and cavernous sinuses) or by separation of the two

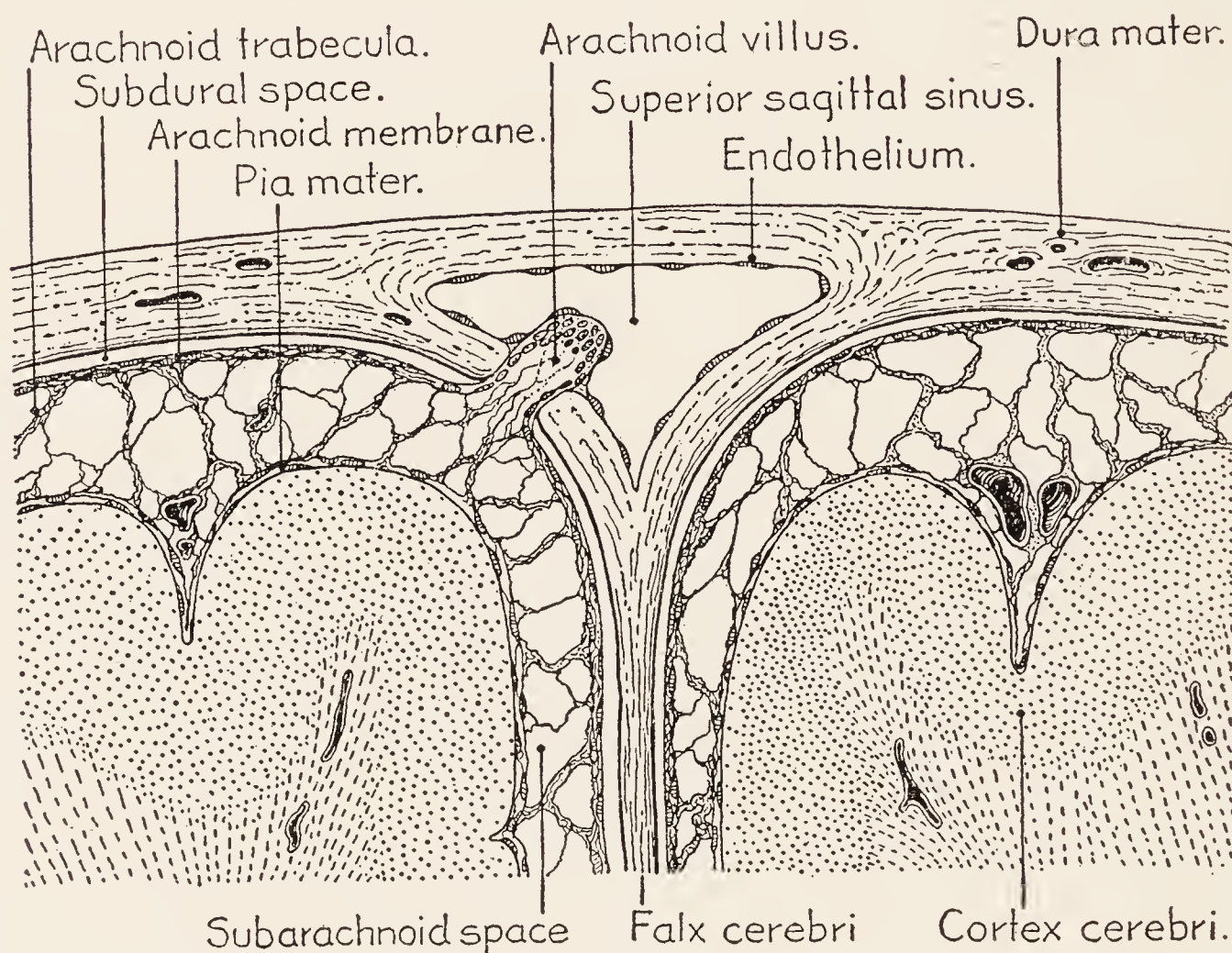


Fig. 268.—Diagrammatic representation of a coronal section through the superior sagittal sinus to illustrate the meninges. (Weed in Am. J. of Anat., Vol. 31.)

layers of the folds forming the falx cerebri and tentorium cerebelli (inferior longitudinal and straight sinuses).

The **arachnoid membrane** is very delicate and lies beneath the dura, from which it is separated by the subdural space. The latter is a mere cleft containing only a little moisture except when dura and arachnoid are separated by an abnormal accumulation of fluid. Between the arachnoid membrane and the pia is the subarachnoid space, containing cerebrospinal fluid and bridged by delicate arachnoid trabeculae (Figs. 268, 269).

The **pia mater** is a delicate membrane which closely invests and is adherent to the brain and spinal cord, extending down to the depths of the fissures and sulci. It is very thin over the cerebral cortex, but thicker over the brain stem.



The blood vessels for the brain ramify within it and as they enter the brain substance they are accompanied for a short distance by a pial sheath (Fig. 269).

The **subarachnoid space** with the cerebrospinal fluid it contains intervenes between the pia and arachnoid. Since the former is closely applied to the brain, following its contour into all the fossæ, fissures, and sulci while the latter remains close to the dura, the depth of the subarachnoid space varies, being least over the summits of the cerebral convolutions.

At certain points where the brain does not closely follow the contour of the skull the subarachnoid space is large and these enlargements hold considerable cerebrospinal fluid and have been called cisterns. The largest of these is the *cerebellomedullary cistern* (cisterna magna) which occupies the space between the inferior surface of the cerebellum and the dorsal surface of the medulla (Fig. 270).

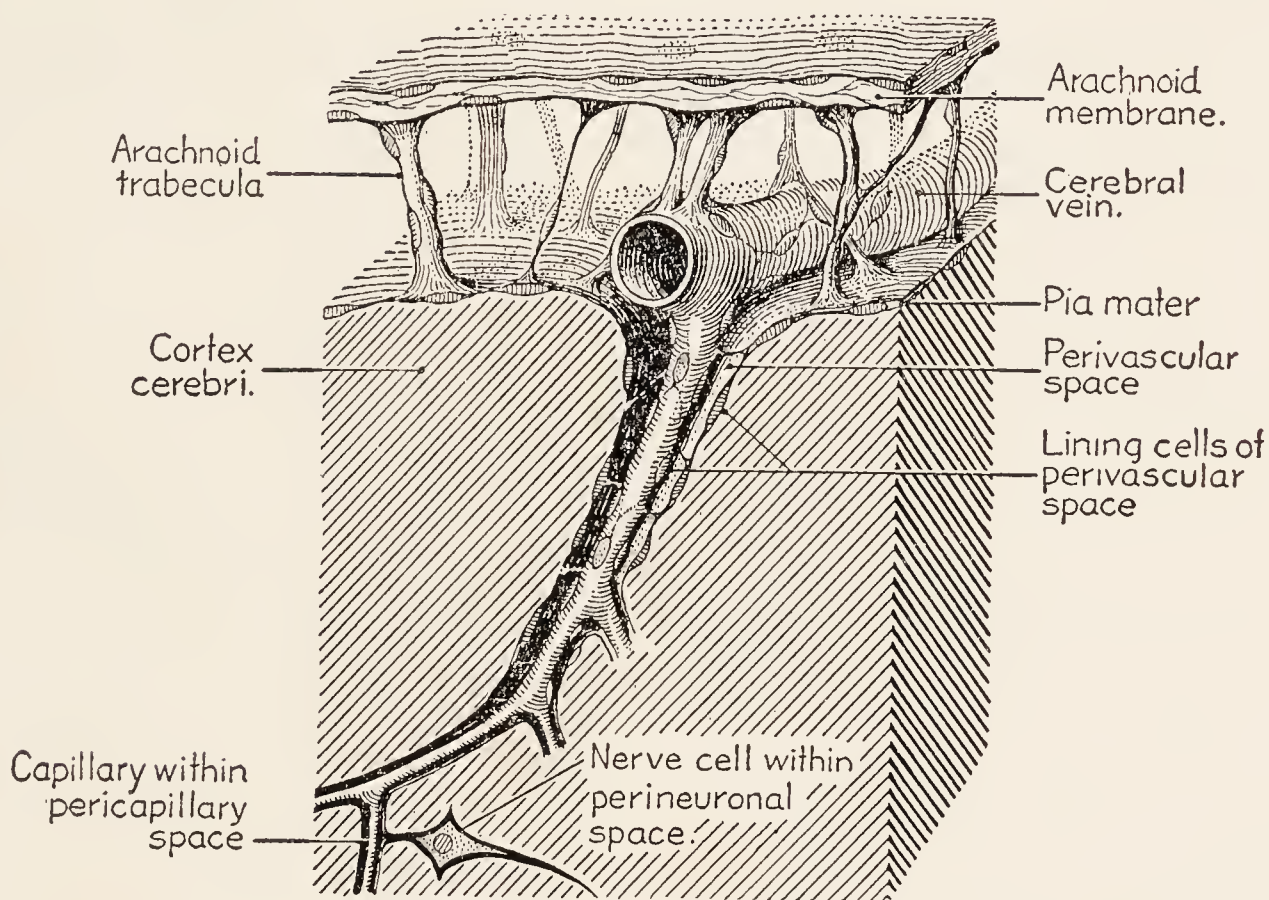


Fig. 269.—Diagrammatic representation of the arachnoid and pia mater to illustrate the subarachnoid space and perivascular channels. (Weed in Am. J. of Anat., Vol. 31.)

At its lower end it is continuous with the spinal subarachnoid space; and the cerebrospinal fluid passes freely through the foramen magnum. Other enlargements of the subarachnoid space are designated as follows: the *pontine cistern*, ventral to the pons; the *interpeduncular cistern*, in the interpeduncular fossa; the *cistern of the chiasma*, just in front of the optic chiasma; and the *cistern of the lateral fossa of the cerebrum*, associated with the lateral cerebral fissure. When air has been introduced into the subarachnoid spaces, these cisterns show as shadows in *x-ray* photographs of the head. Changes from normal in their size and shape seen in such photographs give information concerning pathologic changes in the brain.

The *arachnoid villi* are small tufts of arachnoid which project into the venous sinuses, chiefly into the superior sagittal sinus, and which carry with them a



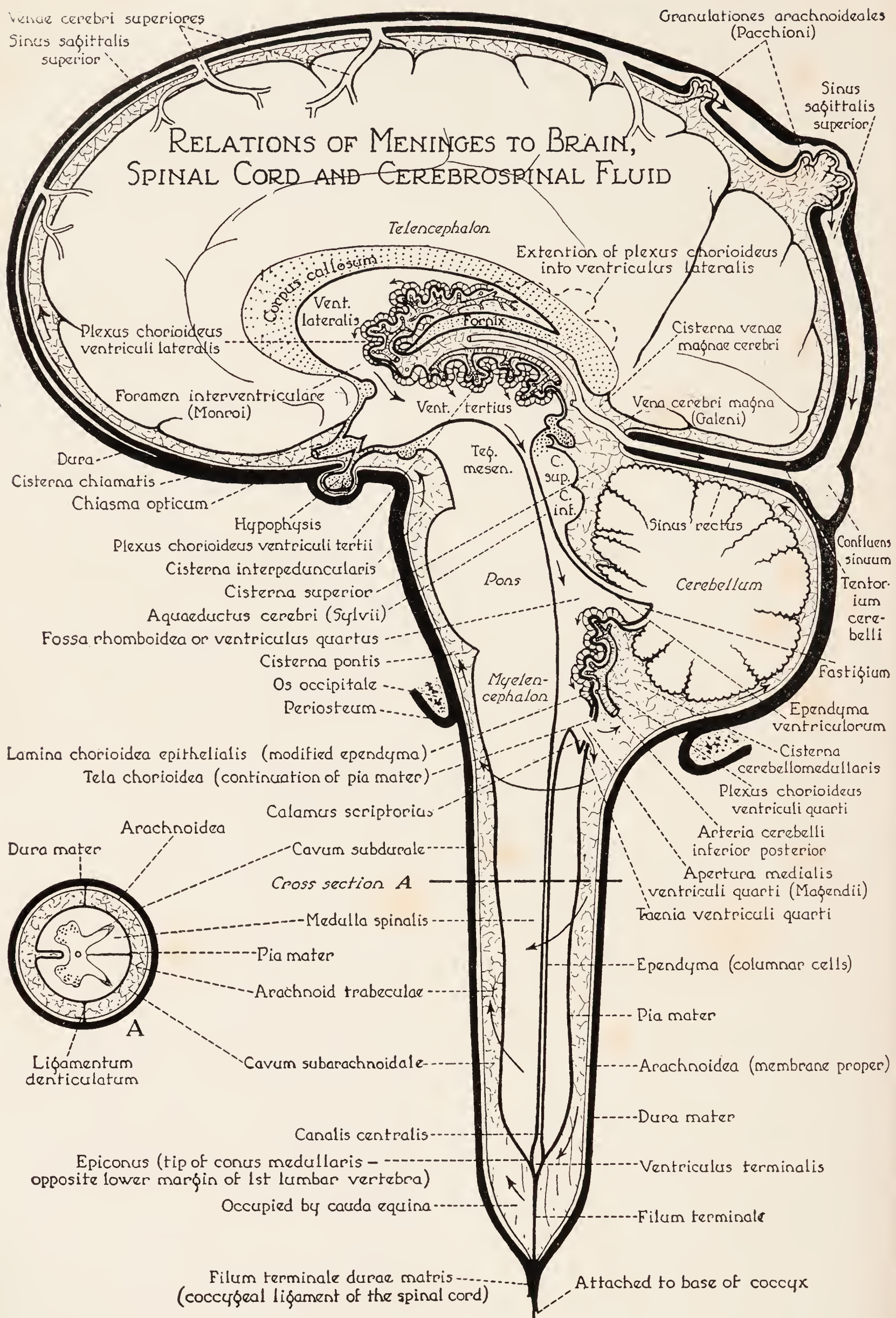


Fig. 270.—Diagram of the meninges, brain ventricles and subarachnoid spaces. The arrows indicate the direction of the flow of the cerebrospinal fluid. (From Rasmussen, *The Principal Nervous Pathways*. By permission of the Macmillan Co., Publishers.)



prolongation of the subarachnoid space (Fig. 268). Through these villi cerebrospinal fluid filters into the venous sinuses and joins the blood stream.

*Perivascular spaces* (Virchow-Robin spaces) surround the blood vessels as they enter the brain substance (Fig. 269). The inner wall of such a space is formed by a prolongation of the arachnoid, the outer wall is continuous with the pia, and the intervening channel opens into the subarachnoid space. Along these perivascular spaces tissue fluids pass slowly to the surface to join the cerebrospinal fluid.

The **cerebrospinal fluid**, which fills the brain ventricles and the subarachnoid space, is formed by the chorioid plexuses. These plexuses have been illustrated and described on preceding pages: the chorioid plexuses of the lateral ventricles, p. 259, Figs. 168, 206, 209, 210, 211; the chorioid plexus of the third ventricle, p. 215, Figs. 166, 168; and that of the fourth ventricle, p. 132, Fig. 102. These plexuses are formed by tufts of blood vessels which push into the ventricular cavities invaginating the ependymal epithelium before them and receiving a covering from it. The plexuses of the lateral ventricles push in through the chorioid fissures, those of the third and fourth ventricles through the membranous roof of these two ventricles.

A single layer of cuboidal epithelial cells, derived from the ependymal lining of the ventricle, covers the vascular tufts and separates them from the ventricular cavity. This epithelium may have a secretory function. At any rate there are good reasons for believing that the cerebrospinal fluid is formed chiefly by the chorioid plexuses with slight additions contributed by fluid reaching the subarachnoid space along the perivascular channels. There is a slow but constant production of cerebrospinal fluid and what is formed must be removed. It leaves the ventricular system by passing through the apertures of the fourth ventricle into the subarachnoid space. From the latter it is filtered through the arachnoid villi directly into the venous blood stream. A smaller amount is carried away by the lymphatics (Weed, 1922). The direction of flow of the cerebrospinal fluid is indicated by arrows in Fig. 270. Obstruction of the interventricular foramina, cerebral aqueduct, or apertures of the fourth ventricle results in an accumulation of the fluid behind the block and the development of hydrocephalus.

**Arteries of the Brain.**—The brain receives its blood supply through the vertebral and internal carotid arteries. The two *vertebral arteries* enter the cranial cavity through the foramen magnum, run rostrally and toward the median plane along the ventral surface of the medulla oblongata, and unite at the lower border of the pons to form the basilar artery (Fig. 271). The chief branch of the vertebral artery within the cranium is the *posterior inferior cerebellar artery* which winds around the medulla oblongata to the inferior surface of the cerebellum. This branch is of clinical importance because it supplies the lateral portion of the medulla oblongata. Thrombosis of this artery gives rise to a well-defined symptom complex (see p. 474).

The *basilar artery* is formed by the junction of the two vertebral arteries at the



lower border of the pons and ends at the upper border of the pons by dividing into the two *posterior cerebral arteries*. In addition to those just named, it gives off the following branches: two *anterior inferior cerebellar arteries*, two *internal auditory arteries*, several *pontile branches*, and two *superior cerebellar arteries*.

The *posterior cerebral arteries* are formed by the bifurcation of the basilar artery and run backward around the cerebral peduncles close to the upper border of the

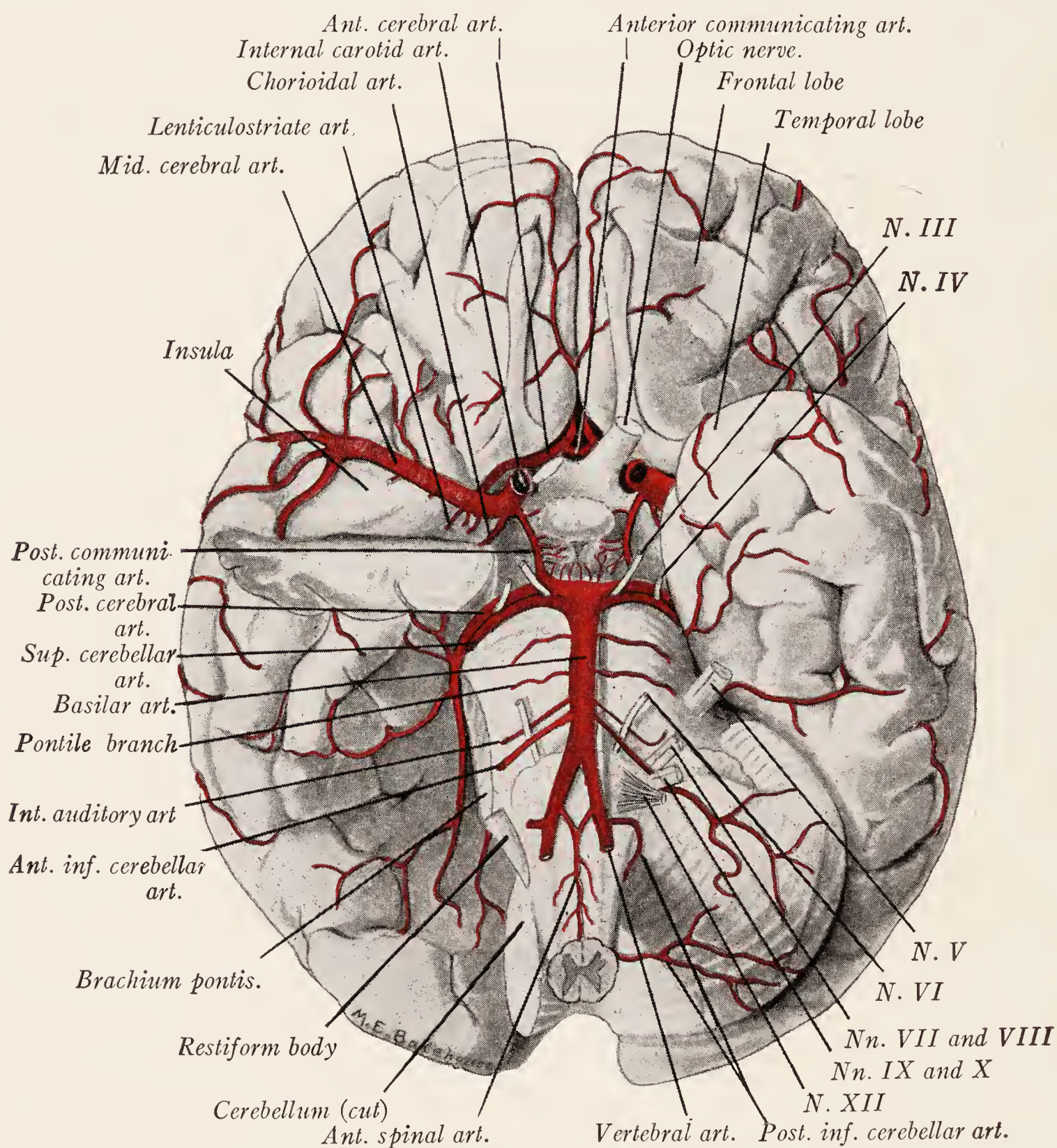


Fig. 271.—Arteries at the base of the brain.

pons and parallel to the superior cerebellar arteries (Fig. 271). Each posterior cerebral artery is continued backward along the medial surface of the corresponding cerebral hemisphere beneath the splenium of the corpus callosum toward the occipital pole (Fig. 273). It supplies the medial surface of the occipital and the inferior surface of the temporal lobes of the cerebral hemisphere. The terminal branches wind around the borders of the hemisphere and can be seen on the lateral



surface. A comparison of Figs. 272 and 273 with Figs. 245 and 246 will show that the posterior cerebral artery supplies practically all of the visual cortex.

The *internal carotid artery* passes through the carotid canal in the base of the skull and enters the cranial cavity through the foramen lacerum. After a tortuous course along the lateral wall of the cavernous sinus, it reaches the brain near the medial side of the temporal lobe and divides close to the anterior perforated substance into its two terminal branches, the *middle* and *anterior cerebral arteries* (Figs. 267, 271). In addition to the terminal rami, two other branches arise from this part of the internal carotid artery. The *posterior communicating artery* joins the internal carotid with the posterior cerebral artery. The *chorioidal artery* runs backward and laterally to the chorioid fissure through which it reaches the chorioid plexus of the lateral ventricle.

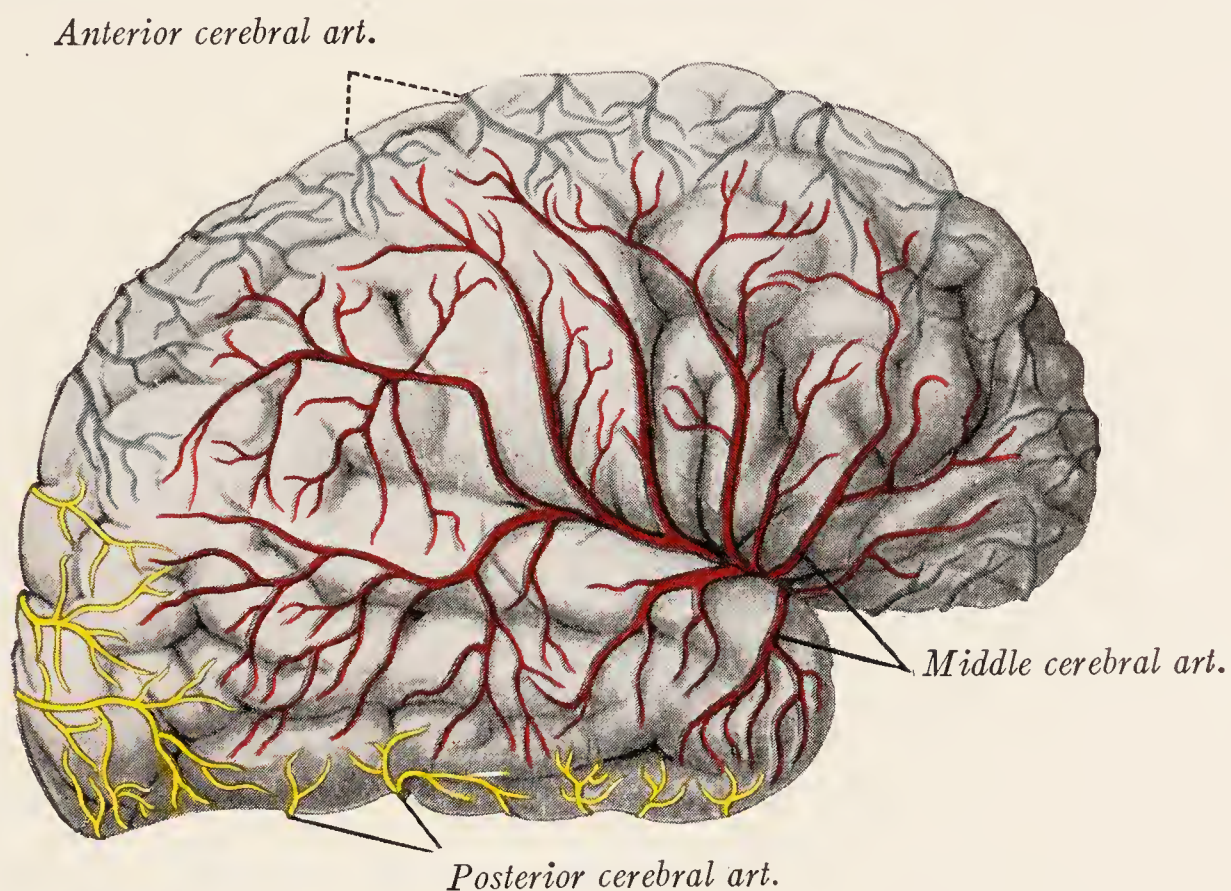


Fig. 272.—Arteries on the lateral surface of the cerebral hemisphere.

The *middle cerebral artery* has been exposed on the left side of Fig. 271 by the removal of part of the temporal lobe. It runs lateralward between the temporal and frontal lobes in the stem of the lateral cerebral fissure which separates them. Near its origin it gives off several small *central* or *basal branches* which enter the brain through the anterior perforated substance and supply the corpus striatum and internal capsule. The majority of the branches from the middle cerebral artery ramify in the pia mater on the surface of the cerebral hemisphere and are known as *cortical branches*. These are distributed to the lateral part of the ventral surface of the frontal lobe, to the insula (Fig. 271), to the upper surface of the temporal lobe, and to the greater part of the convex dorsolateral surface of the hemisphere (Fig. 272). A comparison of Fig. 272 with Figs. 245 and 249 will show that the middle cerebral artery supplies the three cortical areas especially concerned with language, the auditory receptive center, and the greater portions of the motor projection center and the somatesthetic area.



The *anterior cerebral artery*, the smaller of the two terminal branches of the internal carotid, runs forward and medially to the longitudinal fissure of the cerebrum (Fig. 271). Within this fissure it lies upon the medial surface of the cerebral hemisphere close to the genu and body of the corpus callosum. Its cortical branches supply the medial surface of the frontal and parietal lobes (Fig. 273). It is joined to its fellow of the opposite side by the short *anterior communicating artery* (Fig. 271).

The *arterial circle of Willis* is a ring-shaped anastomosis formed at the base of the brain by the branches of the basilar and internal carotid arteries. The two anterior cerebral arteries are joined together by the anterior communicating artery. Each internal carotid anastomoses with the corresponding posterior cerebral by way of the posterior communicating. In this way there is formed an arterial ring into which there enters on each side the posterior cerebral, posterior com-

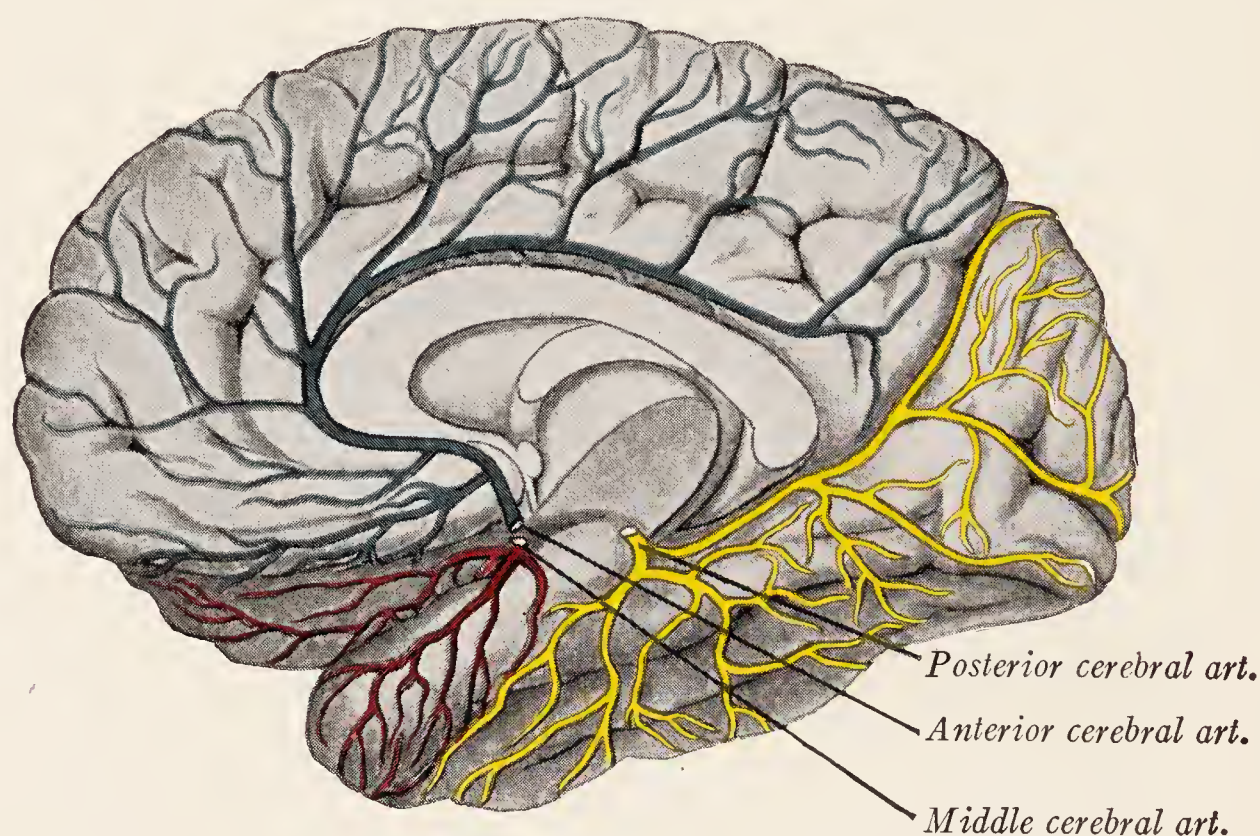


Fig. 273.—Arteries on the medial surface of the cerebral hemisphere.

municating, internal carotid, anterior cerebral, and anterior communicating arteries. The circle surrounds the infundibulum and optic chiasma. This free anastomosis of the cerebral arteries provides for a collateral circulation in case one of the tributary vessels is occluded.

The *cortical branches* of the cerebral arteries also anastomose, to a slight extent, upon the surface of the brain; but the anastomosis is not sufficient to provide adequate circulation in case a large branch is occluded. On the other hand the *central* or *basal branches*, which are given off from the arteries forming the circle of Willis and which pierce the base of the brain to ramify in its interior (Fig. 271), do not anastomose either with each other or with the cortical branches. They are end arteries. For this reason the occlusion of one of these small central branches always leads to the degeneration of the region supplied by it. The central branches arising from the middle cerebral artery supply the corpus striatum,



internal capsule, and thalamus. A clot in or a hemorrhage from one of these small branches causes serious disability; and they have been called the “arteries of cerebral hemorrhage.”

**Venous Drainage.**—The blood from the brain drains through veins in the pia into venous sinuses, lined with endothelium, situated within the dura mater. Much of the blood from the interior of the brain drains through the *great internal cerebral vein* which joins the *inferior longitudinal sinus* to form the *straight sinus* (Figs. 267, 274). The latter lies within the dura along the line of attachment of the falx cerebri to the tentorium cerebelli. Most of the veins on the lateral surface of the cerebral hemisphere drain upward into the *superior longitudinal sinus* which is situated in the attached margin of the falx cerebri. The superior longitudinal and straight sinuses unite and at the point where they unite they open into the right and left transverse sinuses. This point where the four sinuses meet

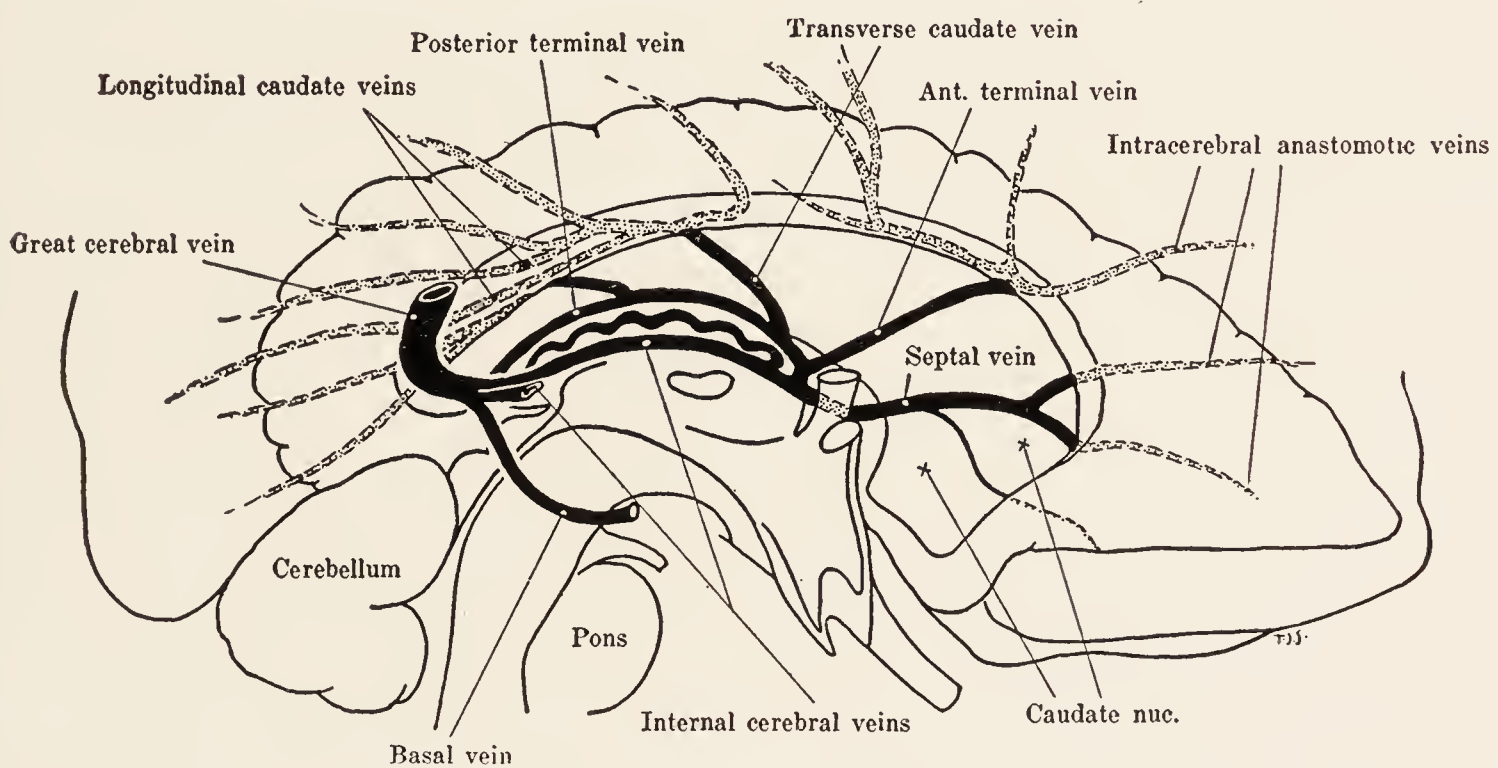


Fig. 274.—Diagram of the intracranial venous channels and their connections with extracranial veins. (Mettler: Neuroanatomy, C. V. Mosby Co.)

is called the confluence of the sinuses (Fig. 267). The two *transverse sinuses* receive the blood from those previously mentioned and conduct it to the right and left internal jugular veins. In the first part of its course the transverse sinus runs lateralward in the attached margin of the tentorium. In the second part it curves ventrally and finally passes through the jugular foramen into the internal jugular vein. In this second part of its course it lies within the dura covering the mastoid portion of the temporal bone and leaves its impression on the bone in the form of the sigmoid groove. Because of this close proximity to the mastoid, middle ear infections sometimes spread to the transverse sinus. The middle cerebral vein drains downward into the *cavernous sinus*, a rather wide irregular space within the dura lateral to the sella turcica of the sphenoid bone. The two cavernous sinuses are joined together by the anterior and posterior intercavernous sinuses. From the cavernous sinus the blood is drained downward through the

*inferior petrosal sinus* into the internal jugular vein and backward through the *superior petrosal sinus* into the transverse sinus. *Emissary veins* place the venous sinuses in communication with extracranial veins. The most important of these communications are those formed by the ophthalmic veins with the nasal and other superficial veins of the face (Fig. 274). Others are the mastoid, occipital, and parietal emissary veins. It is possible for superficial infections to travel along these channels and involve the intracranial sinuses.



## SECTIONS OF BRAIN

## SECTIONS OF THE BRAIN

This division is composed of illustrations accompanied by a brief descriptive text and contains the following six subdivisions:

1. Transverse sections of the brain stem at twenty levels.
2. Oblique sections through the region of transition between midbrain and thalamus at five levels.
3. Horizontal sections through the internal capsule at three levels.
4. The nuclei of the brain stem as seen in transverse sections at twenty-five levels.
5. Frontal sections through the cerebrum representing twelve planes.
6. The brain of the sheep.

**Transverse Sections of the Brain Stem.**—The illustrations which follow have been drawn from selected transverse sections of the brain stem of a child prepared by the Pal-Weigert method. They are sufficiently numerous to show the gradual rearrangement of fiber tracts which is seen when a series of sections is followed rostrally from the spinal cord through the brain stem. It is hoped that the descriptions which accompany the drawings will aid the student in his first study of such sections, but no effort should be made to remember the content of these paragraphs. After the first survey of the sections has been made, the student should turn at once to the text in Chapters X, XI, and XII.

While this series of sections is arranged so that the various tracts are followed rostrally, it is well to keep in mind which of the tracts are being followed toward their terminations in nuclei of the higher centers, proceeding in the direction an impulse would take, and which ones are being traced toward their origins and in a direction opposite to that which an impulse would travel.

For purposes of orientation a key figure showing the location of the plane of section accompanies each drawing. Further assistance in visualizing the plane of these sections can be obtained by comparing these key figures with a drawing of the brain *in situ* (Fig. 96). The structures which are seen in transverse sections all extend for longer or shorter distances parallel to the long axis of the brain stem. If careful attention is paid to these planes of section the student should have little difficulty in determining approximately the longitudinal extent of each structure and should be able to build up a tri-dimensional conception of the brain stem. Figures 275 and 276 have been inserted as aids to the interpretation of the key figures.



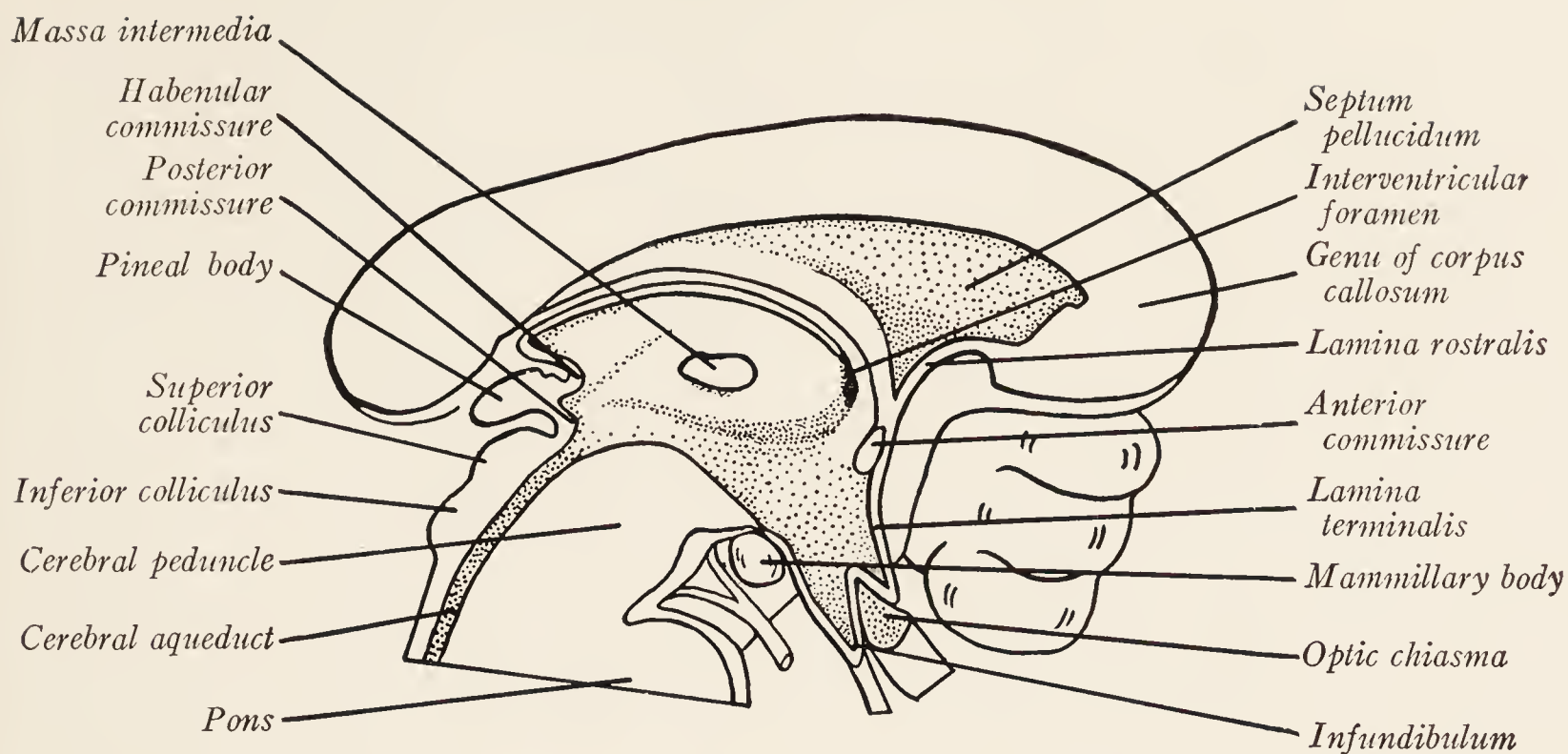


Fig. 275.—From a median sagittal section of the human cerebrum.

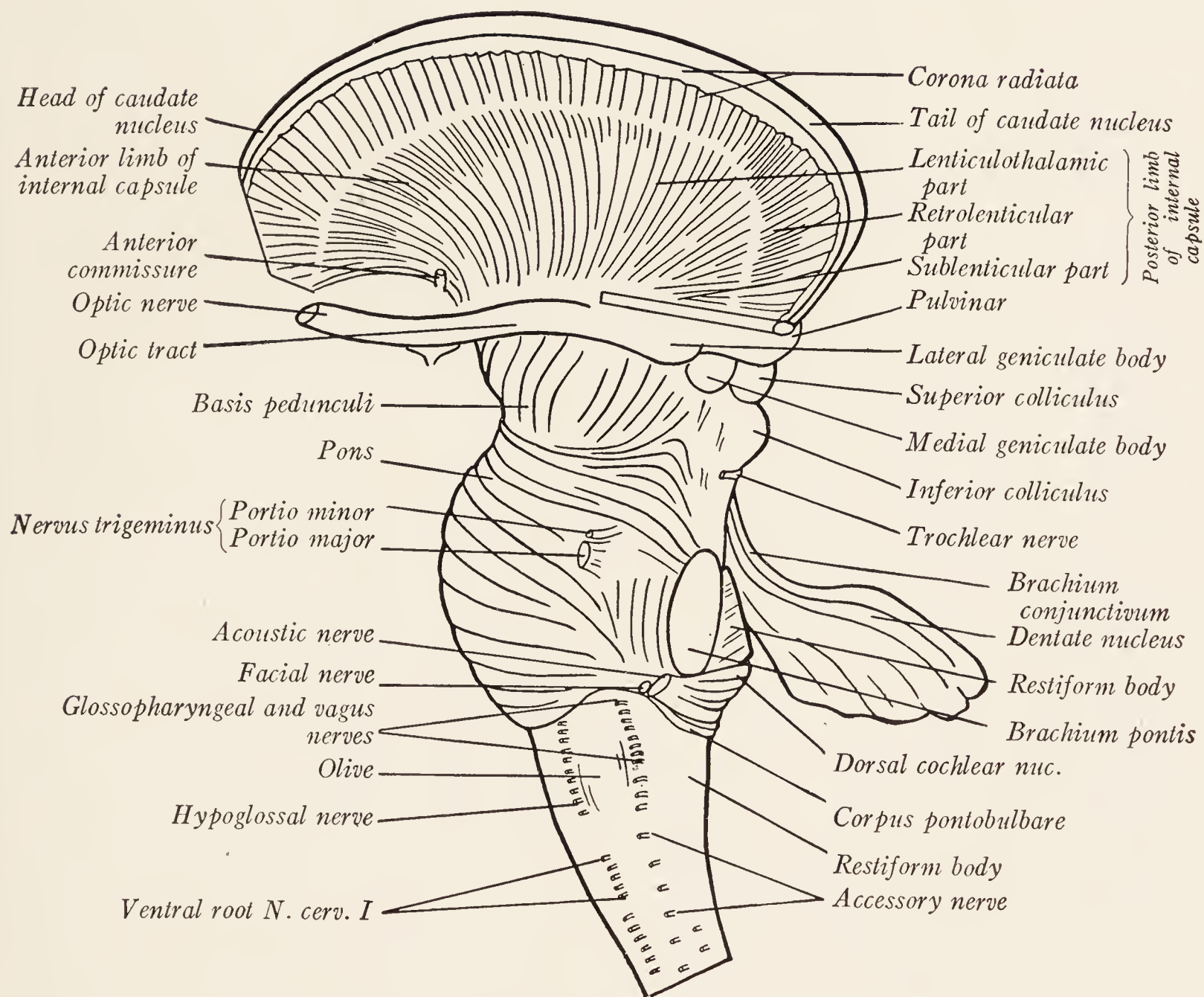


Fig. 276.—Lateral view of human brain stem.

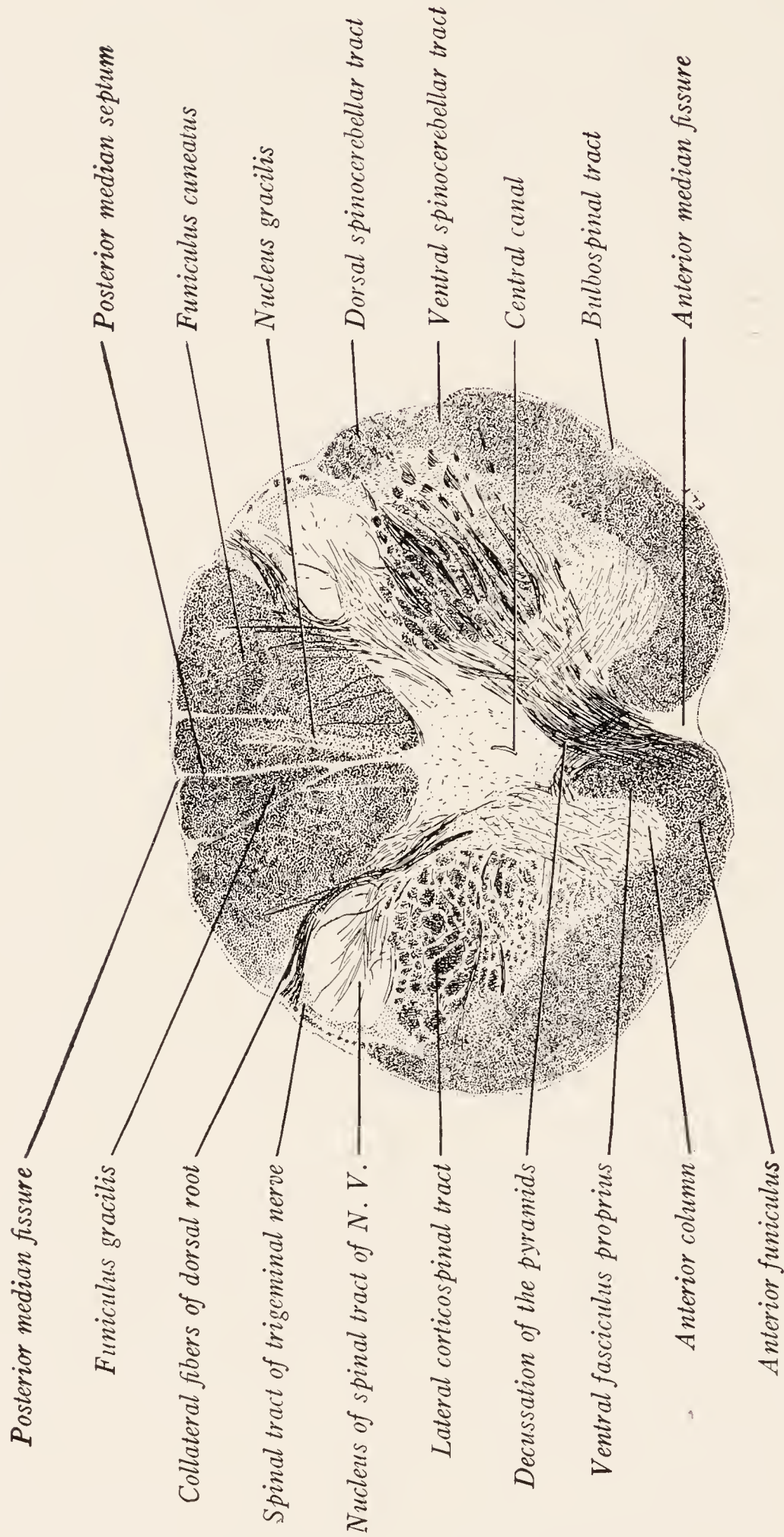


Fig. 277.—Section through the region of transition between the spinal cord and medulla oblongata in the plane indicated in Fig. 278  
Magnification 8½.



Figure 277 represents a section passing through the line of transition between the spinal cord and medulla oblongata just rostral to the first cervical nerve. The posterior funiculi have the same appearance as in the upper cervical segments of the spinal cord. Each is divided by the posterior intermediate septum into two parts: a larger lateral funiculus cuneatus, and a smaller medial funiculus gracilis, continuous with the corresponding fasciculi of the spinal cord. The shallow posterior median fissure and the posterior median septum separate the right funiculus gracilis from the left. Even at this low level the nucleus gracilis can be seen in the right funiculus gracilis, but is not evident as yet in the left. Collaterals from the funiculus cuneatus run into the posterior gray column. Near the periphery of the lateral funiculus there can be distinguished three tracts, the dorsal spinocerebellar, the ventral spinocerebellar and the bulbospinal tracts. They occupy approximately the same relative positions as in the cervical spinal cord. The lateral corticospinal tract has separated from the rest of the lateral funiculus and is broken up into many bundles which are for the most part cut transversely. They are separated by thin layers of gray matter and give this area a mottled appearance. On the right side some of these bundles of fibers can be seen streaming forward and medialward toward the anterior median fissure forming the most caudal portion of the decussation of the pyramids. After crossing the midline these fibers turn rostrally in the pyramid of the opposite side. Between the two anterior funiculi is a wide shallow groove, the anterior median fissure, at the bottom of which is seen the beginning of the pyramidal decussation.

The gray matter resembles that in the first cervical segment of the spinal cord. The anterior column is well defined on the left side, but on the right it has been partly cut off from the rest of the gray figure and broken up by bundles of pyramidal fibers. The gray matter surrounding the central canal is more abundant than in the spinal cord. The posterior gray columns are curved lateralward around the lateral corticospinal tracts. Each is capped by the substantia gelatinosa Rolandi which at this level becomes, without changing its appearance, the nucleus of the spinal tract of the trigeminal nerve. Between it and the surface of the cord is a lightly staining band of fibers designated as the spinal tract of the trigeminal nerve. At this level it is a mixed bundle composed of descending sensory fibers from the trigeminal nerve and ascending fibers from the tract of Lissauer. On the dorsomedial aspect of the posterior gray column is a prominent bundle of collaterals from the dorsal root of the first cervical nerve.

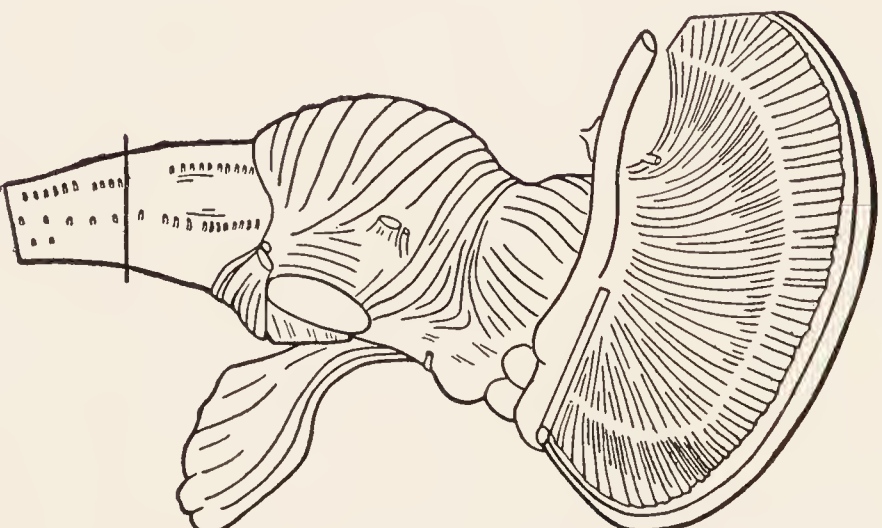


Fig. 278.



Fig. 279.—Section through the caudal end of the medulla oblongata in the plane indicated in Fig. 280. Magnification 8½.



Figure 279 represents a section passing through the caudal end of the medulla oblongata. Here the gracile and cuneate funiculi are more definitely separated from each other by a wider posterior intermediate septum. The nucleus gracilis is present bilaterally in this section and has become larger than in the preceding one. The cuneate nucleus is beginning to appear on the right side as a wedge-like invasion of the funiculus from the posterior gray matter, but there is only a suggestion of one on the left. Numerous fibers can still be seen coursing into the gray matter from the posterior funiculi. The lateral funiculi are little changed from the preceding level, except that the lateral corticospinal tracts have largely disappeared. The dorsal and ventral spinocerebellar tracts and the bulbospinal tract have retained the relative positions occupied in the preceding level and are still clearly delineated. At this level nearly all of the bundles of longitudinally coursing fibers making up the lateral corticospinal tract at the lower levels have changed their direction ventrostrally to take part in the motor decussation. This motor or pyramidal decussation is very prominent, occupying the whole median ventral field. The fibers coursing ventralward across the midline from the left side are more prominent in this section, but some from the right side may be seen crossing over toward the left. The accumulation of these fibers on the ventral side of the medulla causes a displacement of the central canal dorsolateral. The ventral fasciculus proprius stands out very distinctly ventral to the anterior gray columns on both sides. The gray matter ventral to the central canal has been almost completely displaced by pyramidal fibers, but dorsal to the central canal there is an increase in the amount of gray substance. With the exception of this central gray substance and the tips of the four horns the gray matter has been broken up by bundles of nerve fibers. The posterior gray columns are becoming indistinct except in the region of the nucleus of the spinal tract of the trigeminal nerve. This tract occupies the same relative position dorsolateral to its nucleus that it had at the lower level.

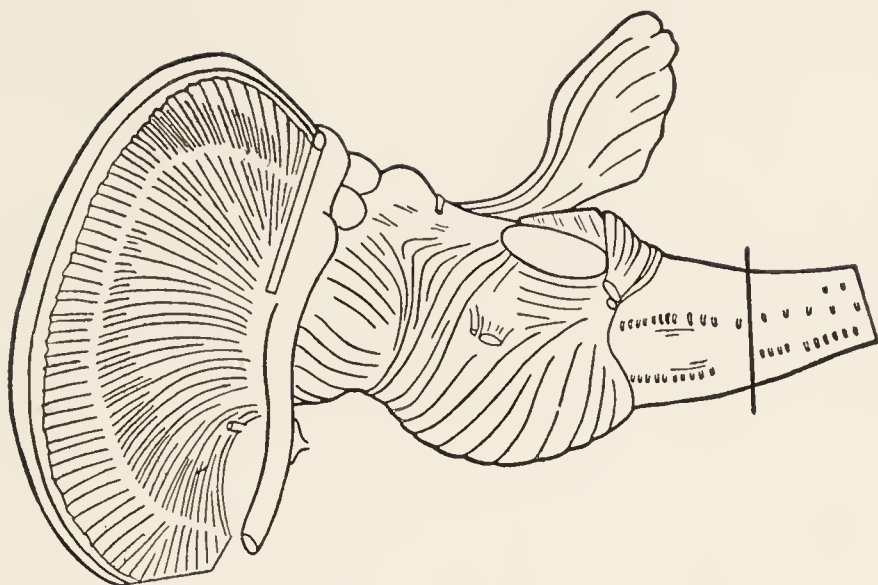


Fig. 280.





Figure 281 represents a section passing through the medulla oblongata at the level of the middle of the pyramidal decussation. The gracile and cuneate nuclei are becoming more prominent at this level and cause enlargements of the corresponding funiculi which appear as elevations, the clava and tuberculum cuneatum, on the surface of the brain stem. As succeeding sections in a rostral direction will show, the fibers of the funiculus gracilis and cuneatus decrease in number with the increase in size of the corresponding nuclei, for these funiculi are made up of the long ascending branches of the sensory fibers of the dorsal roots which end in the nuclei. The cells of the cuneate and gracile nuclei then give rise to secondary fibers, here known as internal arcuate fibers, a few of which can be seen sweeping ventrally around the central gray matter toward the midline. The peripheral portion of the lateral area remains much the same. The dorsal and ventral spinocerebellar tracts and the bulbospinal tract can be readily distinguished. The lateral corticospinal tract has disappeared from this area and its place is taken by gray matter through which course many interlacing fibers. This is known as the reticular substance. The anterior areas have been greatly enlarged by the crossing over into them of the lateral corticospinal tracts. The pyramid has a rounded outline on the right and a large bundle of crossing pyramidal fibers appears on the left. The ventral fasciculus proprius still forms a prominent feature. It lies close to the pyramid and on the left side forms a flat band one edge of which almost reaches the central gray matter. It contains fibers of the medial longitudinal fasciculus and tectospinal tracts. The H shape of the gray matter characteristic of the cord is now entirely lost and both the anterior and posterior horns have disappeared, except that the apex of the posterior horn or substantia gelatinosa Rolandi is still recognizable in the form of the nucleus of the spinal tract of the trigeminal nerve. The remainder of the posterior horn and the anterior horn are represented by the reticular substance. The central gray matter has increased in extent and dorsal to it are the large gracile and cuneate nuclei. The spinal tract of the trigeminal nerve occupies a position at the periphery between the cuneate funiculus and the dorsal spinocerebellar tract.

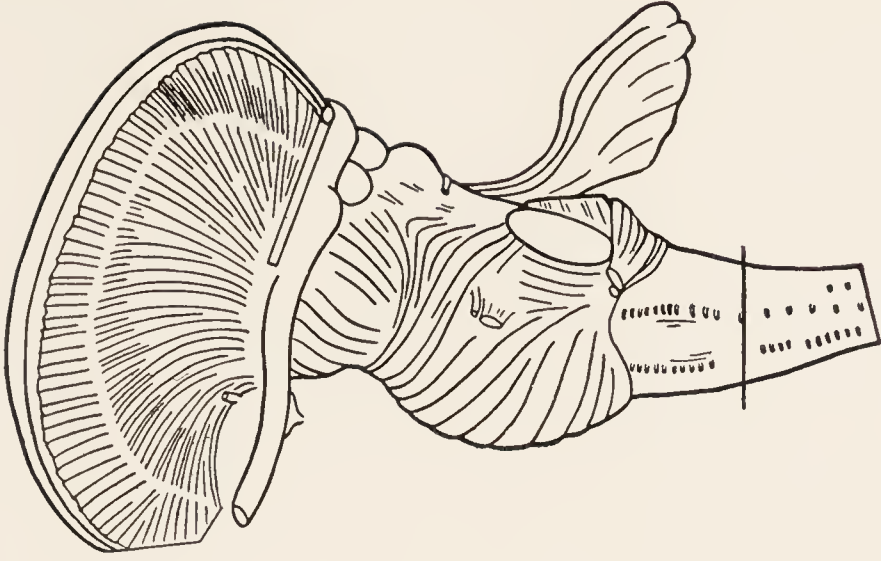


Fig. 282.





Figure 283 represents a section passing through the medulla oblongata at the caudal end of the decussation of the medial lemniscus and the rostral end of the decussation of the pyramids. In the posterior funiculi the gracile and cuneate nuclei occupy more space and the fibers less than in the preceding section. The number of fibers in the posterior funiculi decreases as the size of the nuclei increases. Arising from cells in the gracile and cuneate nuclei are the internal arcuate fibers which can be seen sweeping around the central gray matter and crossing in the midline to form the decussation of the medial lemniscus immediately ventral to the central gray matter. After these fibers cross they turn rostrally and form the medial lemniscus. At this level the remaining pyramidal fibers, making their way across the midline ventrally and toward the right pyramid, can be seen just beneath the decussation of the medial lemniscus. The bundle of pyramidal fibers that is crossing at this level runs into the right instead of the left pyramid as in the preceding section. This will be understood when it is remembered that the pyramidal fibers cross the midline in large bundles and that these bundles interdigitate in the floor of the anterior median fissure (Fig. 258). The ventral fasciculus proprius continues to apply itself closely to the crossing pyramidal fibers on the right side and has been displaced somewhat dorsally by the fully formed pyramid on the left. The dorsal part of the fasciculus proprius near the decussation of the medial lemniscus contains the tectospinal tract and the medial longitudinal fasciculus. Just lateral to the fasciculus proprius the lowest fibers of the hypoglossal nerve are seen coursing ventrolaterally to make their exit from the medulla along the lateral side of the pyramid. The peripheral portion of the lateral area is beginning to show a decrease in density because the reticular substance is encroaching upon it. The dorsal and ventral spinocerebellar tracts are still prominent just ventral to the spinal tract and nucleus of the trigeminal nerve, which appear much the same as in preceding sections. On the right side one of the bulbar rootlets of the accessory nerve is seen leaving the medulla between the dorsal spinocerebellar tract and spinal tract of the trigeminal nerve.

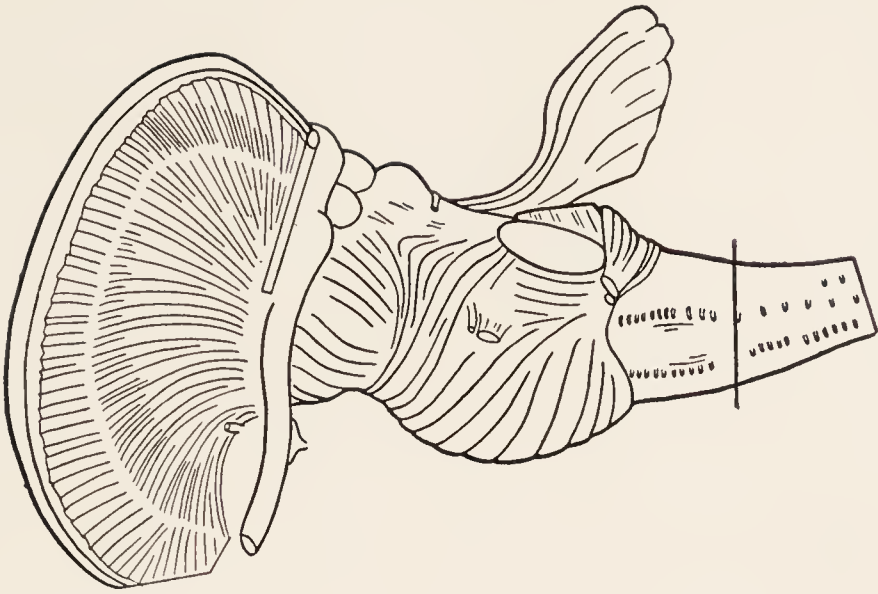


Fig. 284.







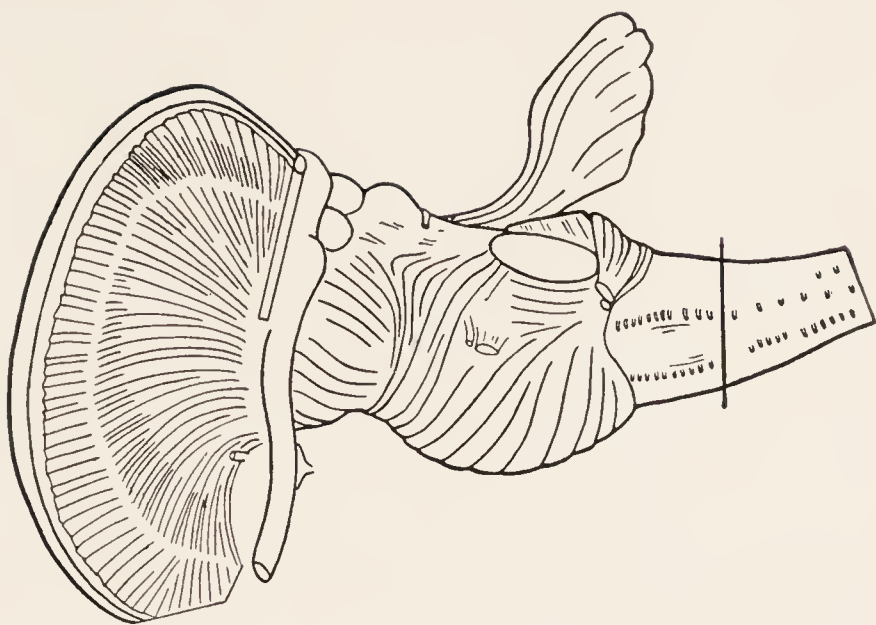


Fig. 286.

Figure 285 represents a section passing through the medulla oblongata at the level of the decussation of the medial lemniscus. The cuneate and gracile nuclei are more prominent and the fibers of their respective funiculi have decreased in number. Numerous internal arcuate fibers emerge from the cuneate and gracile nuclei and cross the midline in the sensory decussation. Those that crossed at lower levels have turned rostrally and can be seen in cross-section forming a band of fibers situated on each side of the midline and dorsal to the pyramids. This is labeled the medial lemniscus. In the dorsal part of this same band are fibers belonging to the medial longitudinal fasciculus and the tectospinal tract. These are continued from the ventral fasciculus proprius of the preceding section. The pyramids, now fully formed, are situated on either side of the anterior median fissure. Ventral external arcuate fibers are seen coursing along the medial surfaces of the pyramids to reach the ventral surface of the medulla. The arcuate nuclei are situated upon the ventral aspects of the pyramids. Immediately adjacent and lateral to the medial lemniscus on each side are two elongated light areas. These are the lowest portions of the medial accessory olivary nuclei. Fibers of the hypoglossal nerve are seen coursing ventrally on the lateral side of the medial lemnisci and pyramids. In the central gray matter below the central canal and on each side of the midline is located a flattened nuclear mass applied closely to the curve formed by the internal arcuate fibers. This is the lowermost tip of the hypoglossal nucleus. The central gray matter is about the same in amount as in the preceding level, but it is displaced further backward by the decussation of the medial lemniscus in front of it. The reticular substance has increased and extended further toward the periphery. It contains nerve-cells scattered through it, and in its lateral part is an aggregation of cells known as the lateral reticular nucleus. The dorsal and ventral spinocerebellar tracts are still quite distinct in the same position as previously just ventral to the spinal tract of the trigeminal nerve. The nucleus of the spinal tract of the trigeminal nerve appears about the same as in the more caudal sections, but the tract is larger because at the more rostral level fewer of the descending fibers of which it is composed have terminated in the nucleus.

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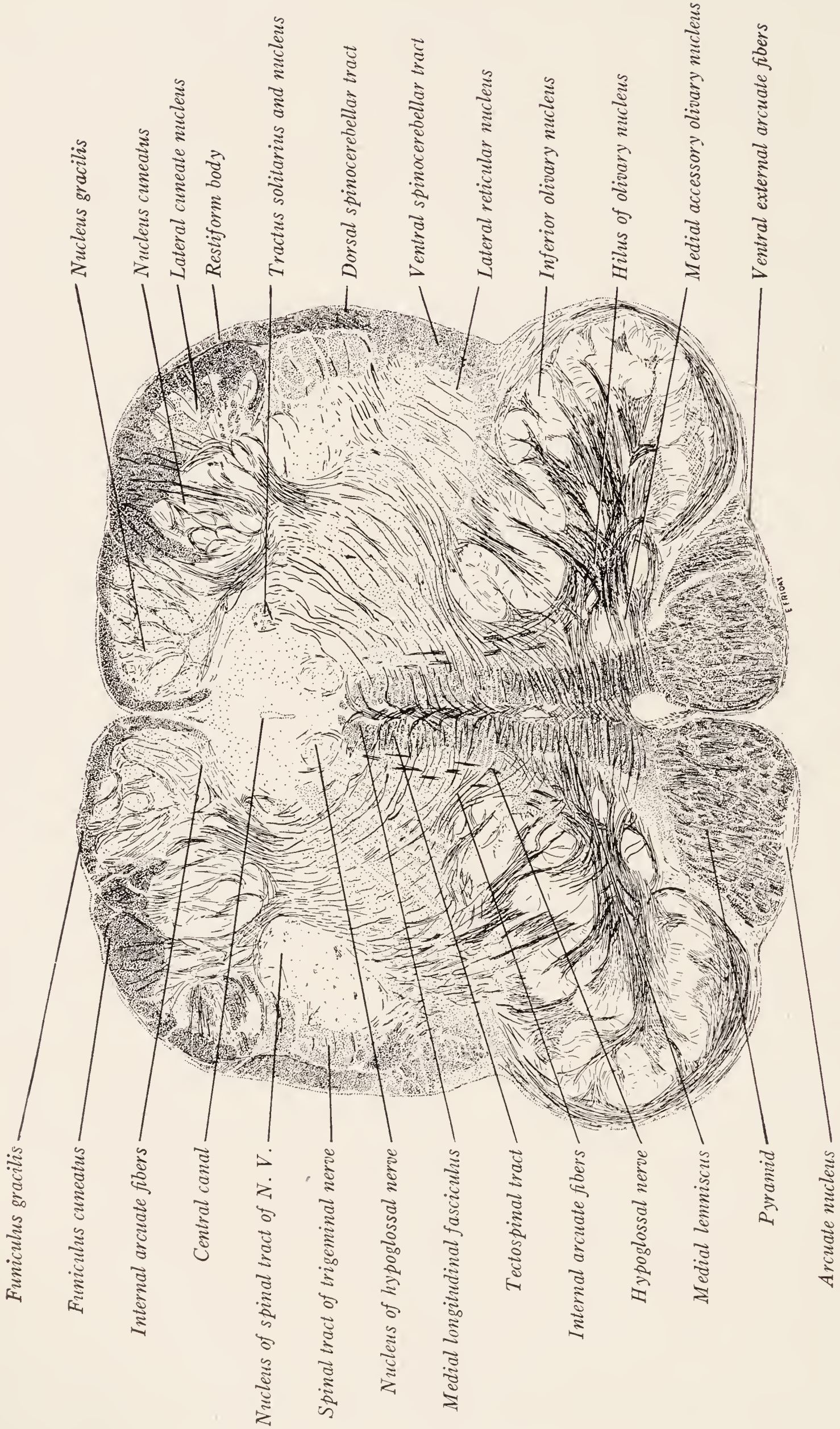


Fig. 287.—Section through the medulla oblongata near the caudal end of the olive in the plane indicated in Fig. 288. Magnification  $8\frac{1}{2}$ .



Figure 287 represents a section passing through the medulla oblongata below the level of the middle of the olive. At this level the nucleus gracilis and nucleus cuneatus have attained their maximum extent and only a small number of the fibers from their respective funiculi are still coursing longitudinally, most of them having terminated in the nuclei. A few internal arcuate fibers can be seen leaving the gracile and cuneate nuclei and making their way in broad curves toward the median raphé to cross and turn rostrally in the medial lemniscus. The restiform body is just beginning to make its appearance at this level. It lies peripheral to the spinal tract of the trigeminal nerve and to the lateral part of the cuneate funiculus, within which is seen the lateral cuneate nucleus (Figs. 345-348). In this section the restiform body is formed chiefly by fibers from the dorsal spinocerebellar tract. This tract has moved dorsally so that it occupies a position superficial to the spinal tract of the trigeminal nerve. The ventral spinocerebellar tract still occupies a superficial position ventral to the dorsal spinocerebellar tract. The spinal tract and nucleus of the trigeminal nerve lie ventral to the lateral part of the cuneate funiculus and are separated from the surface by the dorsal spinocerebellar tract which has displaced them medialward. The lateral reticular nucleus is an aggregation of cells in the reticular formation medial to the ventral spinocerebellar tract and dorsal to the olive. Dorsolateral to the pyramid and lateral to the medial lemniscus on each side is a very prominent nuclear mass, the inferior olivary nucleus. It appears as a broad irregularly folded band of gray matter having the general shape of a U, with the open part directed medially. This opening is called the "hilus," and through it stream the olivocerebellar fibers which arise from cells of the olivary nucleus. The pyramids in the ventral part of the section are slightly flattened dorsoventrally. The arcuate nuclei are represented by a clear crescentic area ventral to each pyramid. A few fine fibers, the ventral external arcuate fibers from the raphé and arcuate nuclei, can be seen passing around the periphery of the pyramids and olives toward the restiform body. The medial lemniscus is now well developed and can be seen as a flattened band of fibers on each side of the median raphé extending dorsally from the pyramids to the central gray matter. The dorsal third of this band contains the fibers of the tectospinal tract and the medial longitudinal fasciculus, the latter being the more dorsally located. The gray matter surrounding the central canal contains two prominent structures, the caudal part of the tractus solitarius and the nucleus of the hypoglossal nerve. The tractus solitarius, which is made up of the sensory components of the facial, glossopharyngeal, and vagus nerves, is located in the lateral part of the central gray matter ventral to the nucleus gracilis. More medially situated and ventral to the central canal on each side is a rounded mass which is the nucleus of the hypoglossal nerve. Fibers of the hypoglossal nerve leave this nucleus and pass ventrally between the medial lemniscus and the olivary nucleus toward the lateral border of the pyramid.

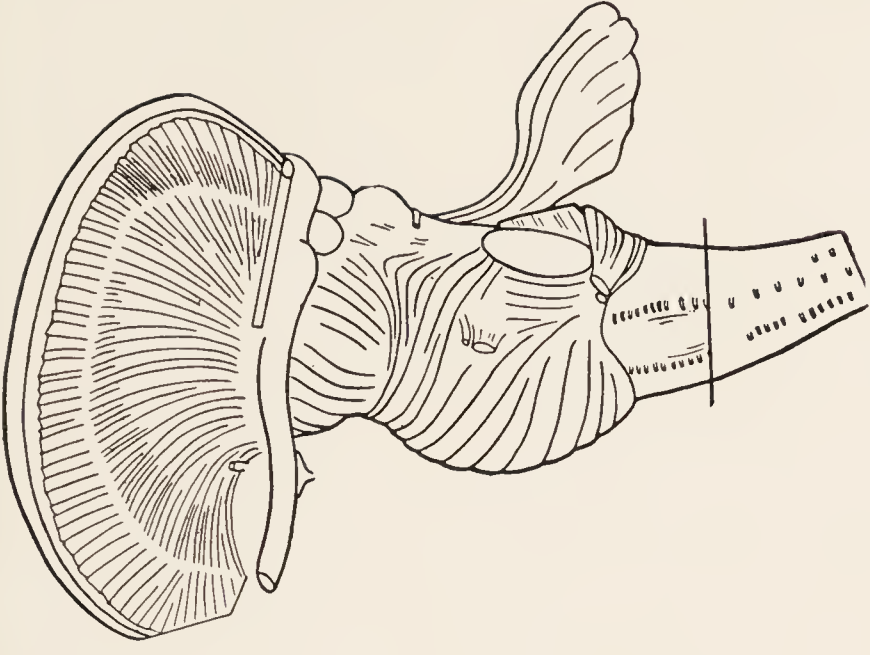


Fig. 288.





Fig. 289.—Section through the medulla oblongata at the level of the middle of the olive in the plane indicated in Fig. 290. Magnification 6½.



Figure 289 represents a section passing through the caudal part of the fourth ventricle and the middle of the inferior olivary nuclei. At this level the central canal has opened out into the fourth ventricle. The funiculus gracilis is no longer present and the outlines of the gracile nucleus are indefinite. The lateral cuneate nucleus, with which a few fibers of the funiculus cuneatus are associated, is situated under cover of the restiform body. Dorsal external arcuate fibers can be traced dorsolaterally into the restiform body. The restiform body has increased in size and appears as a heavily stippled region peripheral to the lateral cuneate nucleus and spinal tract of the trigeminal nerve. The dorsal spinocerebellar tract is contained within the restiform body and no longer appears as a distinct tract. The nucleus and spinal tract of the trigeminal nerve occupy the same position as in the preceding section, but are slightly broken up by olivocerebellar fibers on their way to the restiform body. The ventral spinocerebellar tract is superficially placed and lies dorsal to the olivary nucleus and ventral to the restiform body. Medial to the ventral spinocerebellar tract in the reticular substance is the lateral reticular nucleus. Medial to it and more dorsally situated is another group of cells, the nucleus ambiguus, which gives rise to motor fibers that run through the glossopharyngeal, vagus, and spinal accessory nerves (Figs. 341-352). The thalamo-olivary fibers can be seen in the lightly stippled region dorsolateral to the olive. Dorsal to the medial part of the inferior olivary nucleus is an elongated field of gray matter, the dorsal accessory olivary nucleus. The medial accessory olivary nucleus appears as another elongated mass of gray matter between the hilus of the inferior olivary nucleus and the medial lemniscus. The pyramids are somewhat flattened ventrodorsally. The arcuate nuclei occupy small crescentic areas in the ventral part of the pyramids. The medial lemniscus, tectospinal tract, and medial longitudinal fasciculus occupy the same relative positions as in the preceding section. The hypoglossal nucleus is very prominent near the midline and is capped on its lateral aspect by the nucleus intercalatus. Fibers of the hypoglossal nerve run ventrally lateral to the medial lemniscus. The dorsal motor nucleus of the vagus occupies the region, in which no detail appears in this illustration, between the tractus solitarius laterally and the intercalate and hypoglossal nuclei medially (Figs. 344-352). On the right side a few fibers of the vagus nerve run ventrolaterally from the nucleus, passing just beneath the tractus solitarius. The tractus solitarius is easily recognized in the coarsely stippled rounded area close to the gray matter forming the floor of the fourth ventricle. This tract is surrounded by its nucleus.

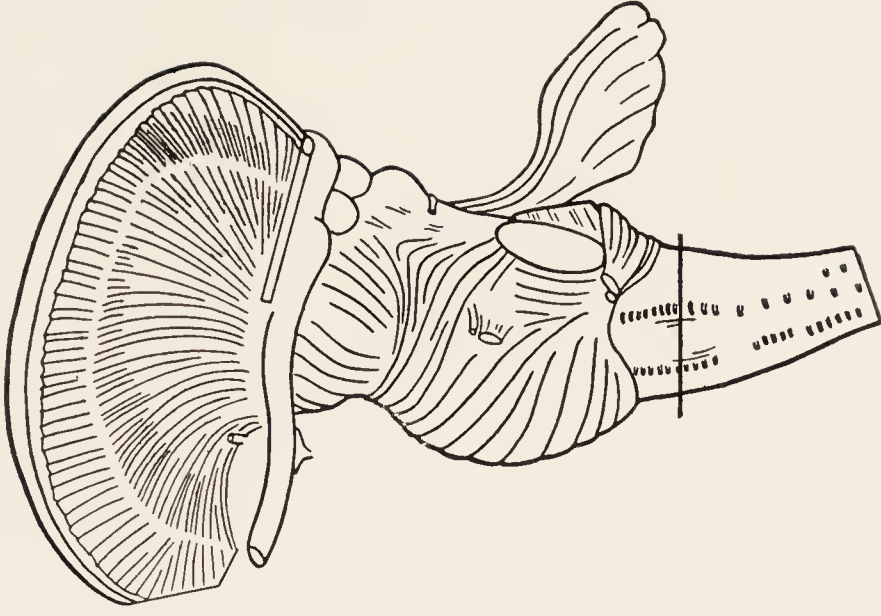


Fig. 290.





Fig. 291.—Section through the medulla oblongata near the rostral end of the olive in the plane indicated in Fig. 292. Magnification 6½.



Figure 291 represents a section passing through the medulla oblongata above the middle of the olive. The floor of the fourth ventricle is widened somewhat and its limits are shown by two small projections, the tænia, which are the torn edges of the thin roof of the fourth ventricle. The spinal vestibular nucleus appears as a rounded light area with conspicuous bundles of fibers cut transversely and represented in coarse stipple. The restiform body has increased in extent and the dorsal spinocerebellar tract is completely incorporated within it. The spinal tract of the trigeminal nerve has been separated from its nucleus and partly broken up by heavy strands of olivocerebellar fibers passing to the restiform body. The nucleus appears as a clear area just medial to the densest bundle of olivocerebellar fibers. The nucleus ambiguus is not clearly delineated, but occupies the region ventromedial to the nucleus of the spinal tract of the trigeminal nerve. Likewise the lateral reticular nucleus is obscured by the network of fibers, but lies in the lateral part of the reticular substance. The ventral spinocerebellar tract remains at the periphery between the restiform body and the olive. The inferior olivary nucleus, together with the medial and dorsal accessory olivary nuclei, forms the most conspicuous object in the section. The thalamo-olivary tract is situated dorsolateral to the inferior olivary nucleus. Ventral external arcuate fibers can be seen running from the raphé around the medial borders of the pyramids. These continue around the periphery of the olive toward the restiform body. In close relation to these fibers are the arcuate nuclei which are located upon the ventral surface of the pyramids. The medial lemniscus, tectospinal tract, and medial longitudinal fasciculus form a broad band of transversely cut fibers on each side of the raphé. The medial longitudinal fasciculus is very prominent as a closely stippled region in the dorsal part of this band. The hypoglossal nucleus has attained its maximum extent at this level and together with the nucleus intercalatus, represented as a finely stippled ovoid area lateral to the hypoglossal nucleus, forms the elevation in the floor of the fourth ventricle on each side of the midline known as the trigonum hypoglossi. The dorsal motor nucleus of the vagus occupies the region in the gray matter of the floor of the fourth ventricle just lateral to the nucleus intercalatus. A few fibers of the vagus nerve are seen running ventrolaterally from the tractus solitarius. The tractus solitarius and its nucleus at this level do not project into the gray matter so far as in the preceding section, but lie lateral to the dorsal motor nucleus of the vagus.

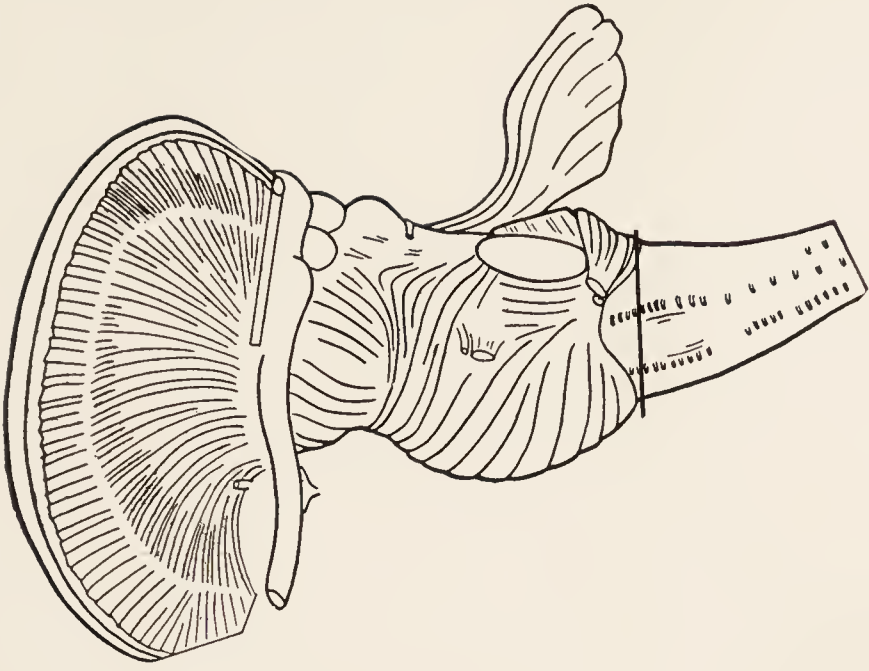


Fig. 292.



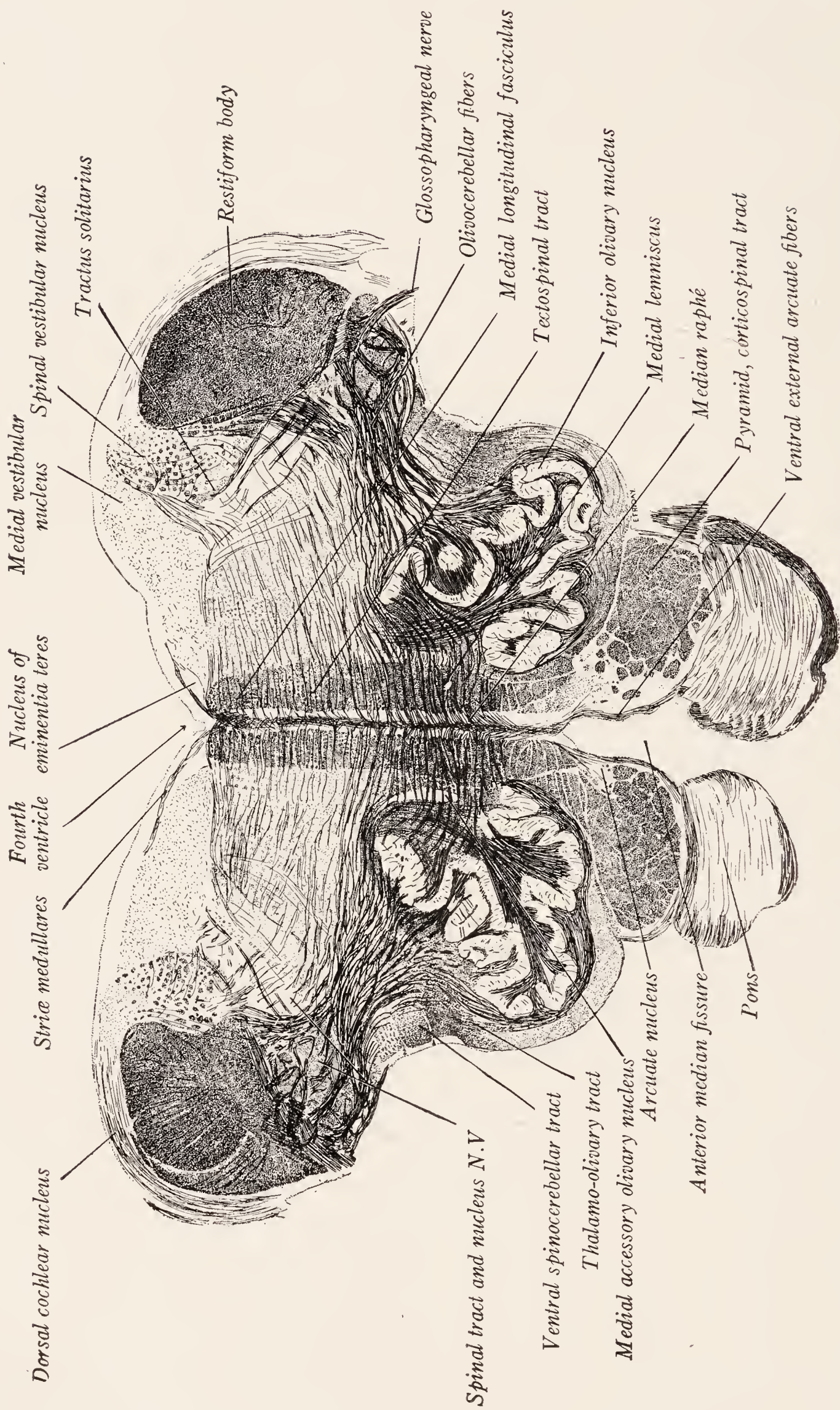


Fig. 293.—Section through the rostral end of the medulla oblongata and the caudal border of the pons in the plane indicated in Fig. 294. Magnification 6½.



Figure 293 represents a section through the upper end of the medulla oblongata and the caudal border of the pons. At this level the floor of the fourth ventricle extends far lateralward. The floor of this lateral recess of the ventricle is formed by the restiform body and dorsal cochlear nucleus. Bundles of fibers, the striæ medullares run across the floor of the ventricle to the midline and cross in the raphé. The hypoglossal nucleus and nucleus intercalatus have been replaced at this level by a small group of cells, represented by a clear oval area on each side of the midline, called the nucleus of the eminentia teres. The dorsal motor nucleus of the vagus is no longer present. A large lightly stippled area lateral to the nucleus of the eminentia teres represents the medial vestibular nucleus. Lateral to this is the spinal vestibular nucleus containing many small bundles of fibers cut transversely. These are the descending branches of the fibers of the vestibular nerve. The restiform body in the dorso-lateral part of the section is large and definitely delineated. Upon its surface is seen the dorsal cochlear nucleus which has been cut near its caudal border. The spinal tract and nucleus of the trigeminal nerve, which lie ventral to the restiform body and nearer the surface than in the preceding section, have been broken up by olivocerebellar fibers. The glossopharyngeal nerve can be seen entering the brain stem ventral to the restiform body and some of its fibers can be traced to the upper end of the tractus solitarius. The ventral spinocerebellar tract is located at the periphery dorsal to the inferior olive. The thalamo-olivary cerebellar tract and the inferior olivary nucleus. It is composed of descending fibers which inferior olivary nuclei coarse bundles of olivocerebellar fibers run into the restiform body break nerve and separating it from its nucleus. A remnant of the medial accessory nucleus is seen in medial lemniscus, tectospinal tract and medial longitudinal fasciculus are still represented by the raphé. The arcuate nuclei occupy a more medial position at the border of the pyramidal tract seen emerging from the raphé and coursing around these nuclei and the pyramids. The most ventral part of the illustration. The anterior median fissure is very wide at this point covered by the caudal border of the pons is called the foramen cecum.

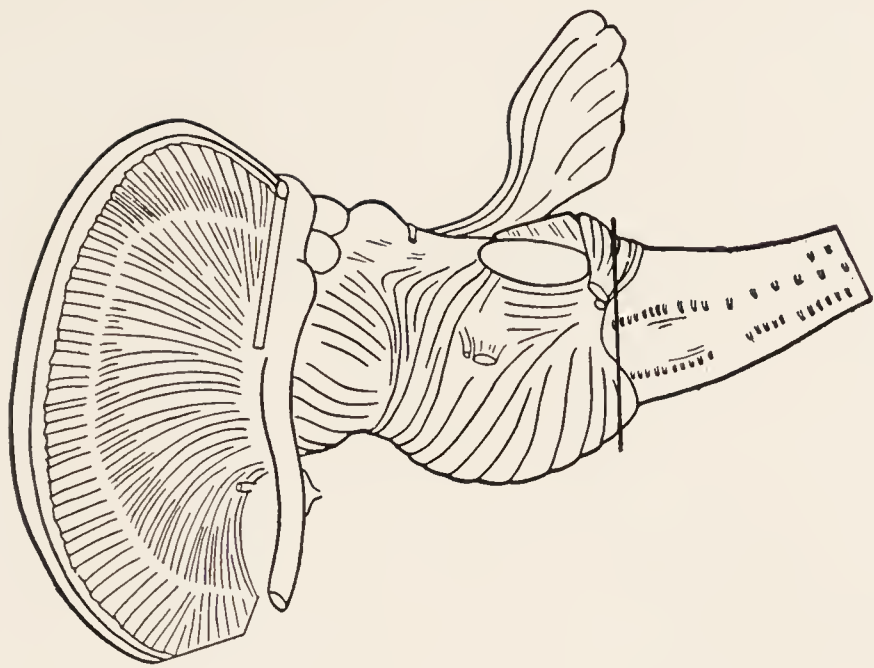


Fig. 294.





Fig. 295.—Section through the region of transition between the medulla and pons in the plane indicated in Fig. 296. Magnification  $3\frac{3}{4}$



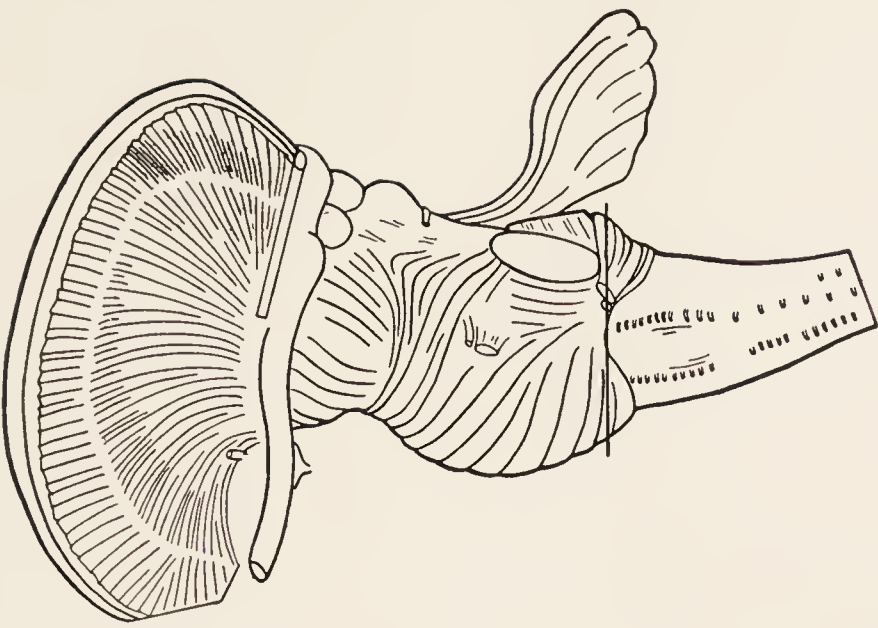


Fig. 296.

Figure 295 represents a section passing through the region of transition between the medulla and pons at the level of the cochlear nerve and nuclei. A portion of the cerebellum has been left on each side. A few fibers of the striae medullares are seen in the floor of the fourth ventricle. On each side of the midline is the small nucleus of the eminentia teres. Lateral to it the medial vestibular nucleus occupies about two-thirds of the gray matter beneath the floor of the fourth ventricle. Still farther lateralward and in close apposition to the restiform body is the lateral vestibular nucleus. The restiform body has assumed a rounded outline and is separated from the cerebellum by the fibers and nuclei of the cochlear nerve. The dorsal cochlear nucleus is situated dorsolateral to and molded around the restiform body. It contains many fibers with a curvature parallel to the surface of the restiform body. The ventral cochlear nucleus rests upon the ventrolateral aspect of the restiform body, and has a characteristic lacy texture. The acoustic nerve consists of two parts. One part, the cochlear nerve, terminates in the cochlear nuclei. The other part, known as the vestibular nerve, enters the brain stem ventral to the restiform body. It inclines rostrally as well as dorsally and its further course can be seen in the next section. It terminates in the vestibular nuclei. The facial nerve is a heavy strand of fibers ventromedial to the acoustic nerve. It emerges from the brain stem beneath the caudal border of the pons. The abducens nerve, which also has its superficial origin in the groove between the pons and the medulla, can be seen on the left side of the illustration. The spinal tract and nucleus of the trigeminal nerve and a few olivocerebellar fibers pass through the tract. The ventral spinocerebellar tract maintains the same relative position ventral to the spinal tract of the trigeminal nerve. The thalamo-olivary tract can be readily distinguished in the ventral part of the reticular substance dorsolateral to the rostral tip of the inferior olivary nucleus. The pyramids at this level have become embedded in the pons. In the longitudinal fiber bundles of the pons the corticospinal fibers, which we have traced rostrally in the pyramids, become intermingled with corticopontile fibers. The transverse fibers of the pons form a conspicuous band curved across the ventral part of the section. The medial lemniscus is undergoing a change in shape, flattening dorsoventrally and spreading out laterally on the ventral side of the rostral tip of the inferior olivary nucleus. The tectospinal tract and the medial longitudinal fasciculus retain their positions near the midline in the dorsal part of the reticular formation. The medial longitudinal fasciculus stands out prominently as a compact group of fibers, while the tectospinal fibers are not so compactly arranged.



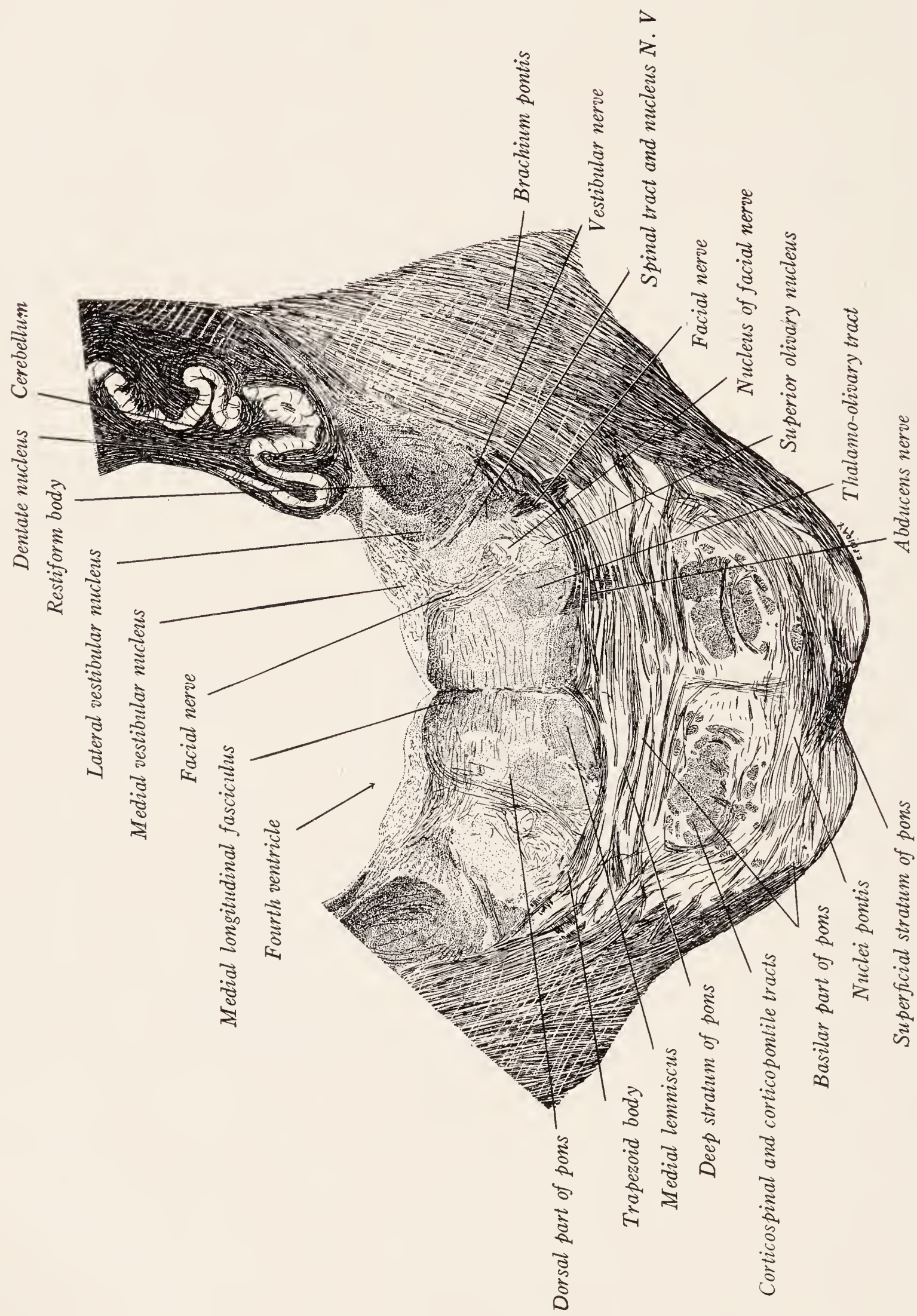


Fig. 297.—Section through the pons near its caudal border in the plane indicated in Fig. 298. Magnification  $3\frac{3}{4}$ .



Figure 297 represents a section passing through the pons at the level of the nucleus of the facial nerve. The pons can be divided into two parts. The ventral or basilar part of the pons consists of transverse and longitudinal fibers separated by irregular masses of gray matter, the nuclei pontis. The transverse fibers are divisible into two groups, the superficial and deep strata, and are continuous laterally with the fibers of the brachium pontis. The longitudinal fibers belong to the corticospinal, corticobulbar, and corticopontile tracts. They form compact bundles of various sizes. The dorsal or tegmental portion of the pons contains all of the tracts which are continued upward from the medulla oblongata with the exception of the corticospinal and corticobulbar tracts. It includes the trapezoid body and everything between this and the fourth ventricle. The gray matter in the floor of the fourth ventricle contains the medial and lateral vestibular nuclei, the latter being situated close to the restiform body. The vestibular nuclei receive fibers from the vestibular nerve. This can be seen along the ventromedial aspect of the restiform body. Some of the fibers of the restiform body can be seen making their way dorsally into the cerebellum on the medial side of the brachium pontis. The spinal tract and nucleus of the trigeminal nerve are not so conspicuous as they were at lower levels, but can be distinguished ventromedial to the restiform body. The nucleus of the facial nerve is a small, rounded area of gray matter situated in the ventrolateral part of the tegmental portion of the pons. Fibers which take origin in this nucleus can be seen passing dorsalward toward the floor of the fourth ventricle where at a higher level they form the genu of the facial nerve (see Fig. 139) and again pass ventralward. In this second part of their course they form a large and well-defined bundle of fibers which can be seen in this section occupying a position ventromedial to the spinal tract of the trigeminal nerve. The rounded mass of gray matter ventral to the facial nucleus is the caudal end of the superior olivary nucleus. The thalamo-olivary tract is prominent just medial to the facial and olivary nuclei. The medial lemniscus is now represented as a flattened band of fibers with its greatest dimension in a transverse instead of an anteroposterior direction. The medial longitudinal fasciculus has assumed a triangular shape and lies near the floor of the fourth ventricle close to the midline. The tectospinal tract lies ventral to it.

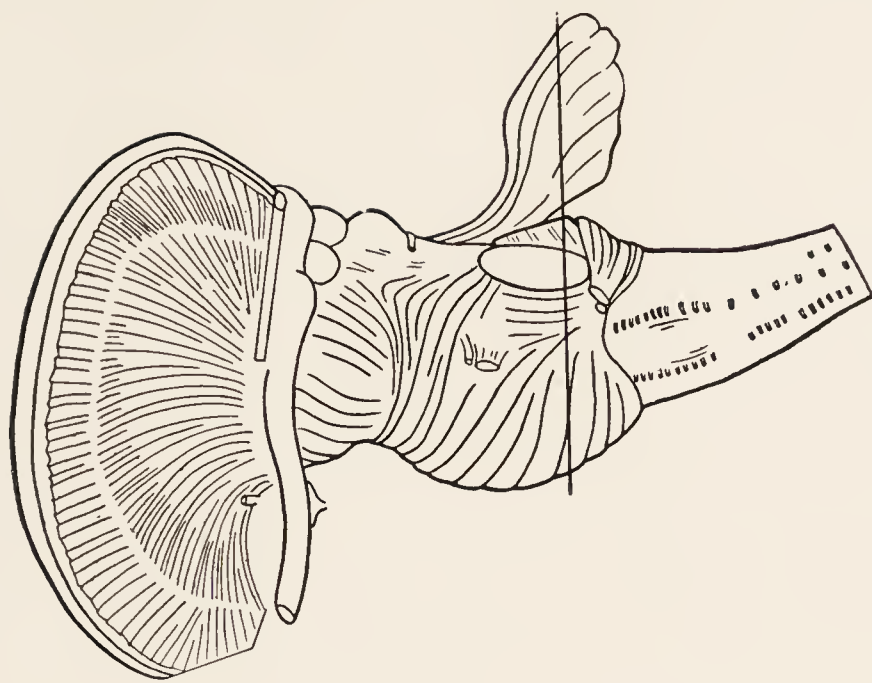


Fig. 298.



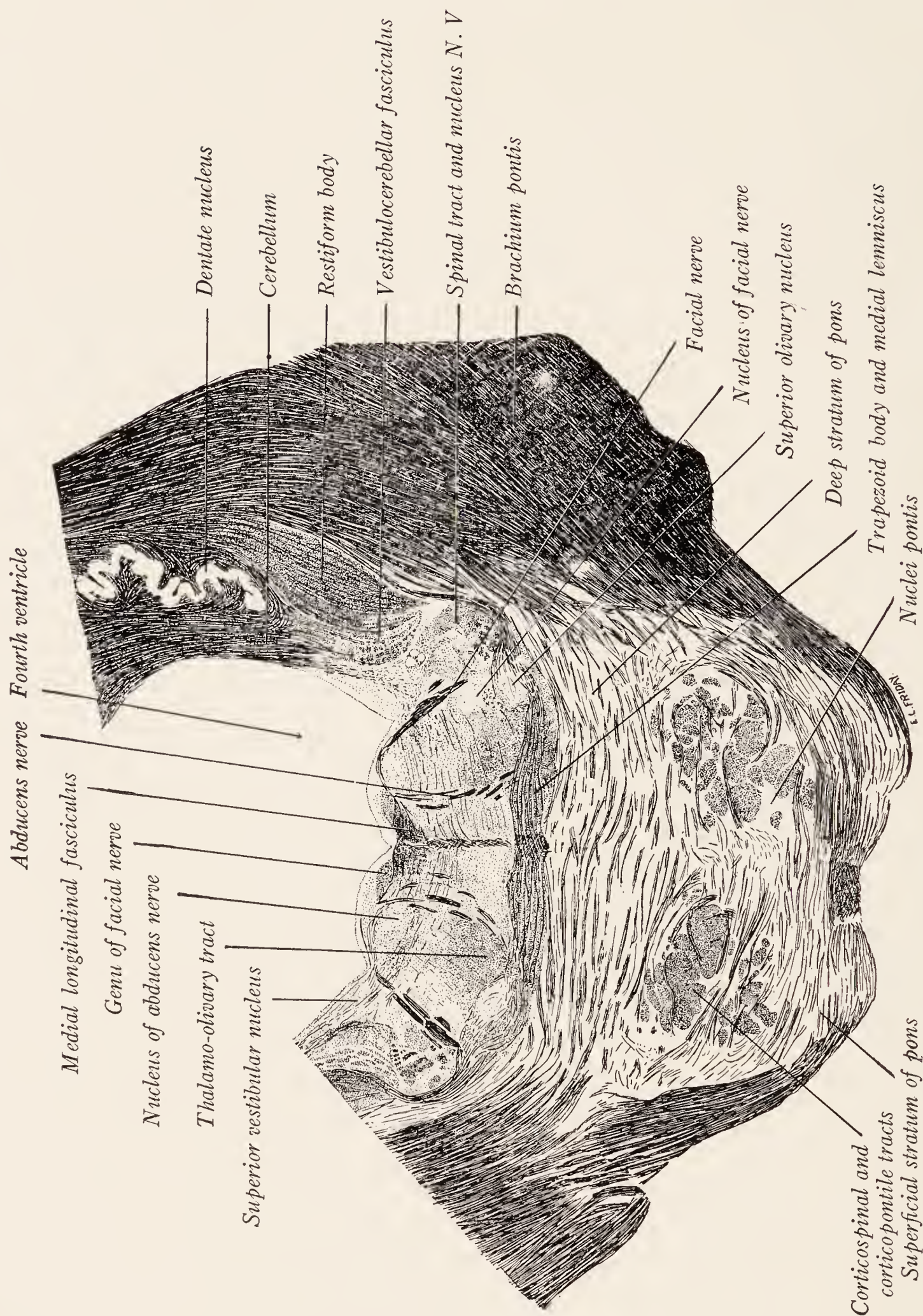


Fig. 299.—Section through the pons at the level of the facial colliculus in the plane indicated in Fig. 300. Magnification  $3\frac{3}{4}$ .



Figure 299 represents a section passing through the pons at the level of the facial colliculus. The fourth ventricle is somewhat narrower at this level, and in its floor there is on each side of the midline a rounded eminence, the facial colliculus, formed by the genu of the facial nerve. The depression lateral to the facial colliculus is the fovea superior. Beneath the lateral part of the floor of the fourth ventricle and in close relation to the restiform body and cerebellum is the superior vestibular nucleus. The vestibulocerebellar fasciculus runs to the cerebellum along the medial side of the restiform body. On the right side of the section the restiform body can be seen upon the medial side of the brachium pontis. Its fibers stream dorsolward into the cerebellum. Ventral to the restiform body the spinal tract and nucleus of the trigeminal nerve are represented by patches of light and dark stipple. Medial to this are two light rounded areas. The most dorsally placed is the nucleus of the facial nerve, the ventral one, the superior olivary nucleus. Medial to these two nuclei is the thalamo-olivary tract represented in fine compact stipple. Ventral to it and spread out along the border of the dorsal part of the deep stratum of the pons is the medial lemniscus, now a flat band of longitudinally coursing fibers. It is represented in the drawing by stipple and is traversed by the transversely coursing fibers of the trapezoid body which cross in the median raphé. Fibers of the trapezoid body arise in the ventral nucleus of the cochlear nerve. They form connections with the superior olive of the same or opposite side and turn rostrally at the lateral border of the contralateral olive to form the lateral lemniscus. The medial longitudinal fasciculus is represented as a darkly stippled triangular region beneath the floor of the fourth ventricle on each side of the midline. Just dorsolateral to it is a small elliptical stippled area which represents the fibers forming the genu of the facial nerve. Here they are cut transversely in their course rostrad along the medial border of the nucleus of the abducens nerve. This nucleus lies close to the floor of the fourth ventricle between two strands of nerve-fibers passing ventrally. The most lateral of these is the second portion of the facial nerve passing ventrally, laterally, and caudally to make its exit from the brain stem. The more medial strand of fibers comes from the abducens nucleus and forms the abducens nerve. The ventral part of the pons and the brachium pontis make up the larger part of the section. Ventral to the medial lemniscus and trapezoid body is the deep stratum of transverse pontile fibers. The corticospinal, corticobulbar, and corticopontile tracts in the middle of the pons are broken up into bundles which are separated by transverse fibers and pontile nuclei. In these nuclei the corticopontile fibers end and the transverse fibers take their origin. It is evident from the section that these transverse fibers are continued into and form the brachium pontis.

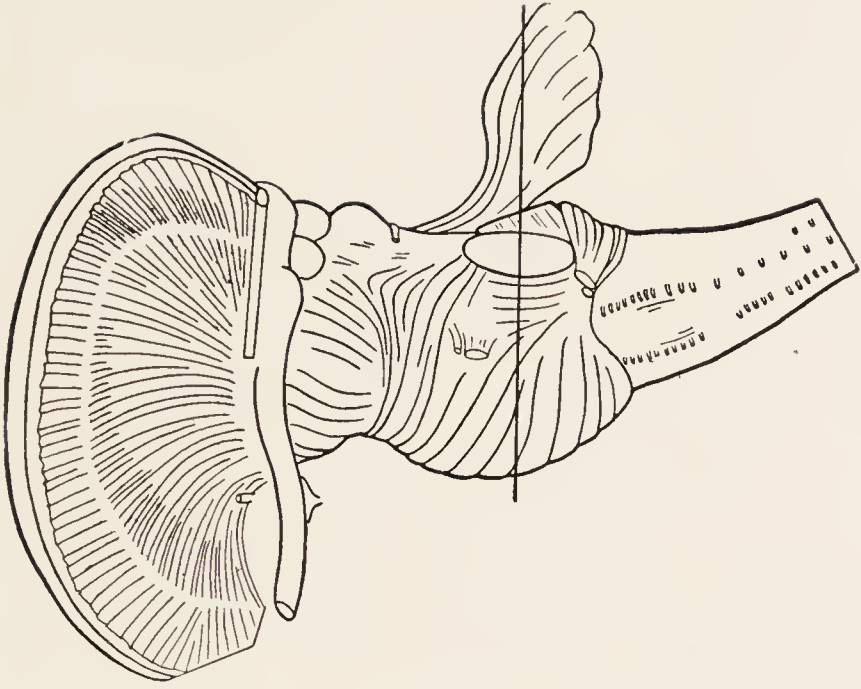


Fig. 300.



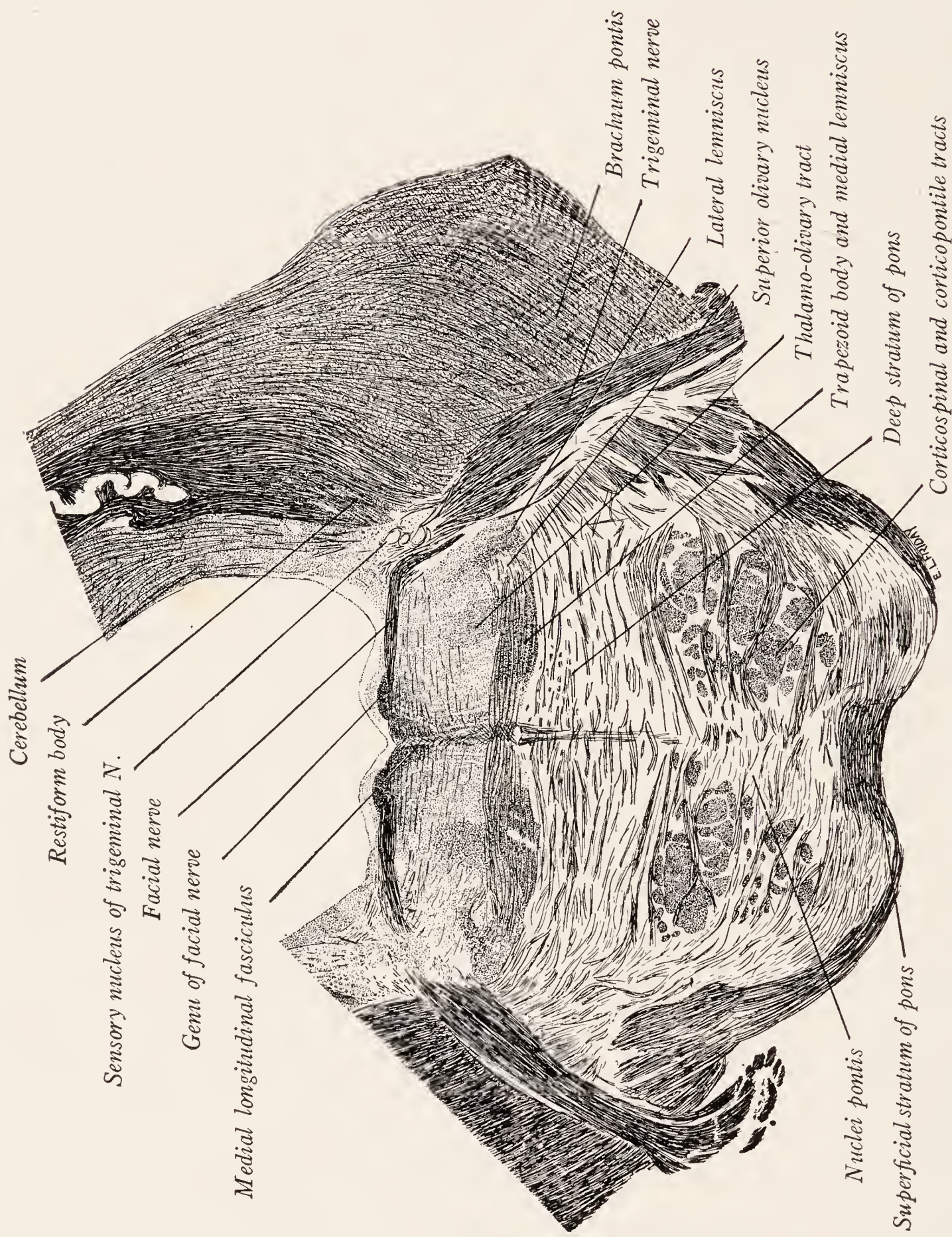


Fig. 301.—Section through the pons at the level of the trigeminal nerve in the plane indicated in Fig. 302. Magnification 3¼.



Figure 301 represents a section passing through the pons at the level of the trigeminal nerve. The cerebellum forms the lateral wall and roof of the fourth ventricle and it receives fibers from the restiform body and brachium pontis. The facial colliculi are evident as elevations in the floor of the fourth ventricle. Ventral to the restiform body is a lightly stippled area, the sensory nucleus of the trigeminal nerve. It is a continuation of the column of gray matter which in the spinal cord was designated as the substantia gelatinosa Rolandi, and in the medulla was the nucleus of the spinal tract of the trigeminal nerve. Here it is cut at the point of transition between the spinal and main sensory nuclei. The trigeminal nerve can be seen cutting diagonally across the pons where it joins the brachium pontis. Descending fibers from this nerve form the spinal tract of the fifth nerve which could be seen in all of the preceding sections, but is not present at this level. Medial to the nerve in the most ventral part of the reticular substance is the lateral lemniscus. It represents the continuation of the trapezoid body whose fibers turn rostrad along the lateral border of the superior olive. The superior olive, medial lemniscus and trapezoid body appear very much as they did in the preceding section. The medial lemniscus which consists of longitudinal fibers is represented by stipple and the fibers of the trapezoid body run horizontally through it. Near the center of the tegmental portion of the pons is the thalamo-olivary tract. The medial longitudinal fasciculus appears as it did in the preceding section. Beneath the facial colliculus is seen the rostral part of the genu of the facial nerve at the point where the fibers are beginning to ascend part of the genu run lateralward beneath the floor of the fourth ventricle and then turn ventrally not far from the trigeminal nerve (see Fig. 139). The abducens nucleus is not present at this level. In the ventral part of the pons the bundles of corticospinal and corticospinal fibers are more widely separated than at preceding levels.

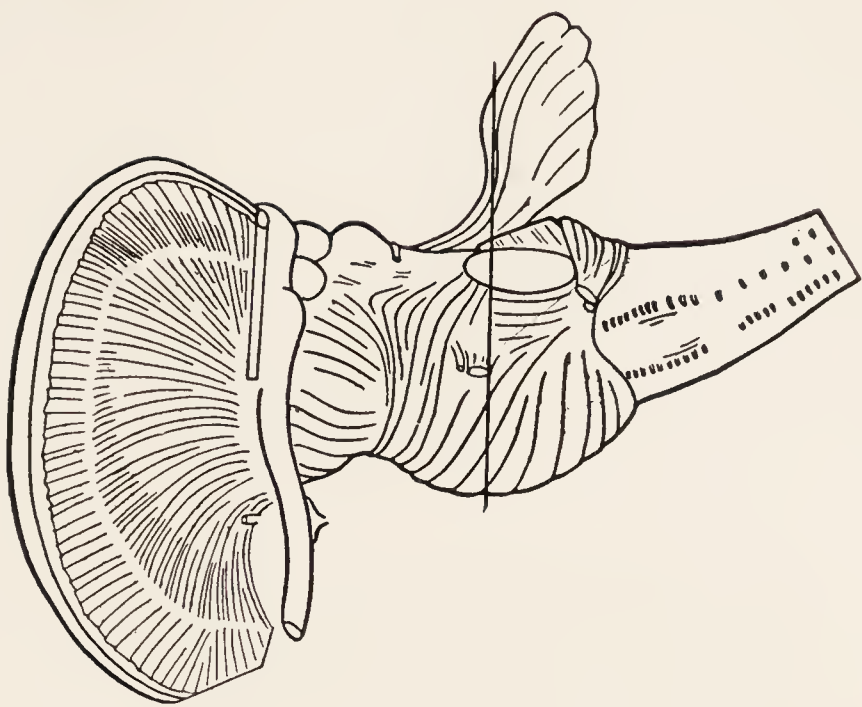


Fig. 302.



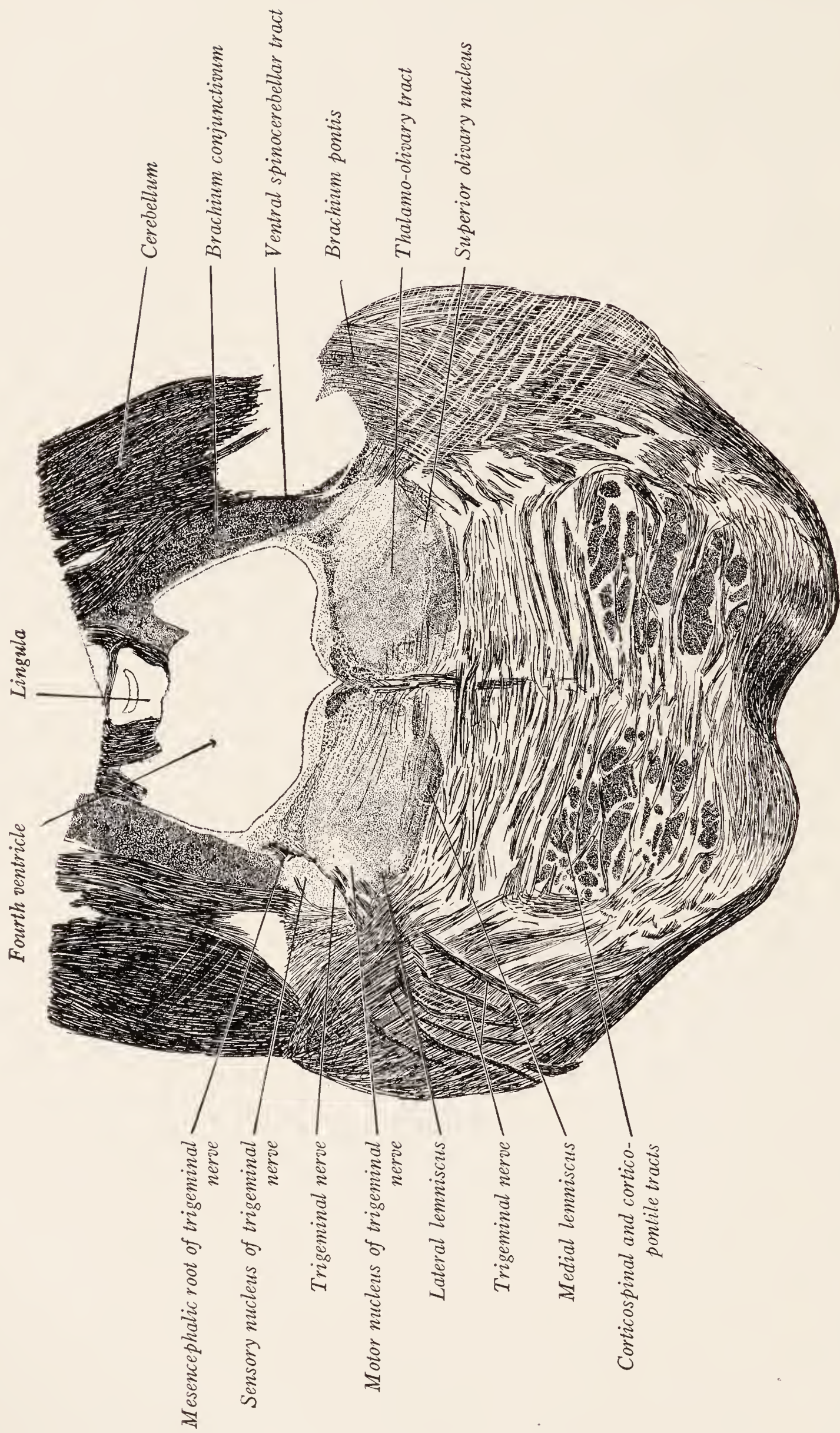


Fig. 303.—Section through the pons at the level of the motor and main sensory nuclei of the trigeminal nerve in the plane indicated in Fig. 304. Magnification  $3\frac{3}{4}$ .



Figure 303 represents a section through the pons at the level of the motor and main sensory nuclei of the trigeminal nerve. The fourth ventricle has decreased considerably in size and is bounded laterally by the superior cerebellar peduncles or brachia conjunctiva. The anterior medullary velum which forms the roof of the ventricle at this point has been torn and the lingula of the cerebellum has been protruded into the ventricle. The brachium conjunctivum appears as a vertical flattened plate of fibers. It is the main efferent pathway from the cerebellum and consists of fibers which take origin in the dentate nucleus. Coursing dorsolward over the lateral surface of the brachium conjunctivum are the fibers of the ventral spinocerebellar tract which have been continued upward from the medulla oblongata in the lateral part of the reticular substance of the pons. They wind about the brachium conjunctivum and enter the anterior medullary velum in which they pass into the vermis. Ventral to the brachium conjunctivum is a triangular bundle of fibers belonging to the mesencephalic root of the trigeminal nerve. This is continuous with the strand of fibers of the trigeminal nerve which divides the lightly stippled area seen in the lateral part of the tegmental portion of the pons into two oval masses. The one situated dorsolateral to the nerve-strand is the main sensory nucleus and the one medial to it is the motor nucleus. From these nuclei scattered bundles of fibers of the trigeminal nerve run ventrolaterally through the brachium pontis to make their exit at the lateral border of the pons. The medial lemniscus and superior olivary nucleus have the same appearance as in the preceding section, but only a few scattered fibers of the trapezoid body can be seen. The lateral lemniscus can be distinguished on the lateral side of the superior olivary nucleus. Dorsal to the superior olive and the lateral part of the medial lemniscus, and medial to the motor nucleus of the trigeminal nerve is the thalamo-olivary tract. The character of the basilar portion of the pons does not differ from that of lower levels except that there are more corticopontile fibers which have not yet reached their termination in the nuclei pontis. These fibers together with those of the corticobulbar and corticospinal tracts form numerous bundles rather widely separated by transverse fibers and nuclei pontis.

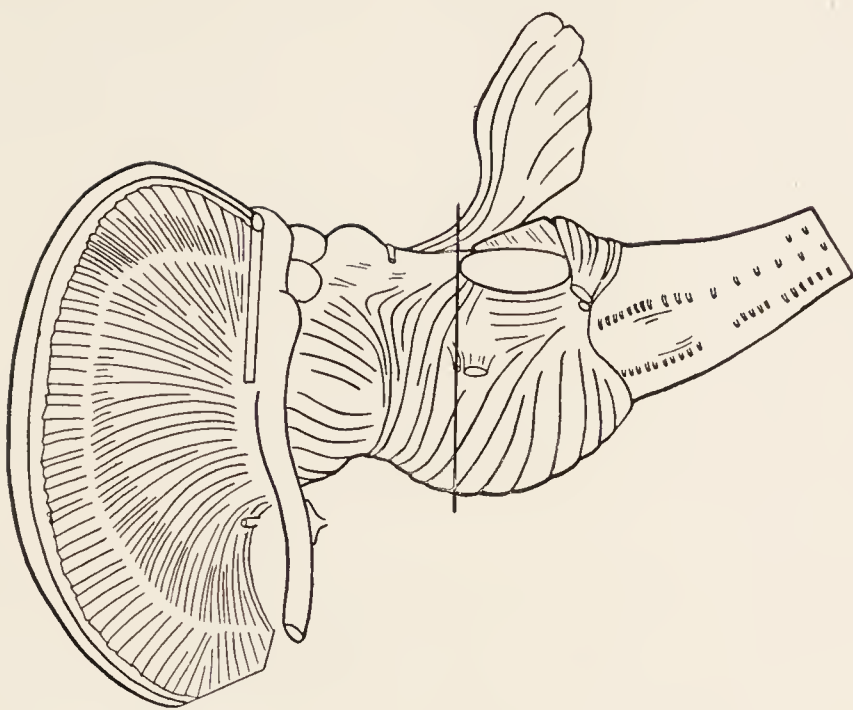


Fig. 304.

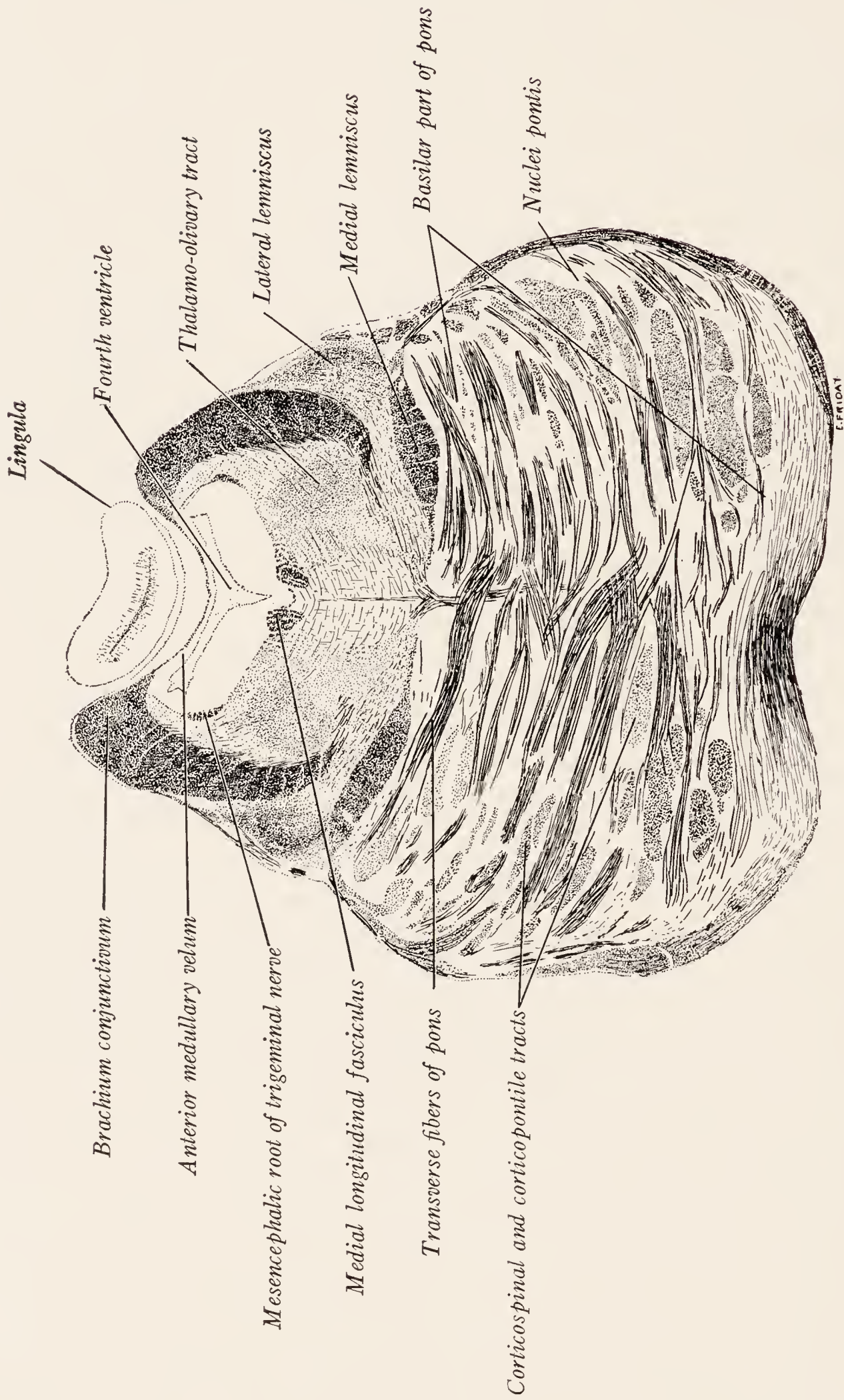


Fig. 305.—Section through the rostral part of the pons in the plane indicated in Fig. 306. Magnification 4½.



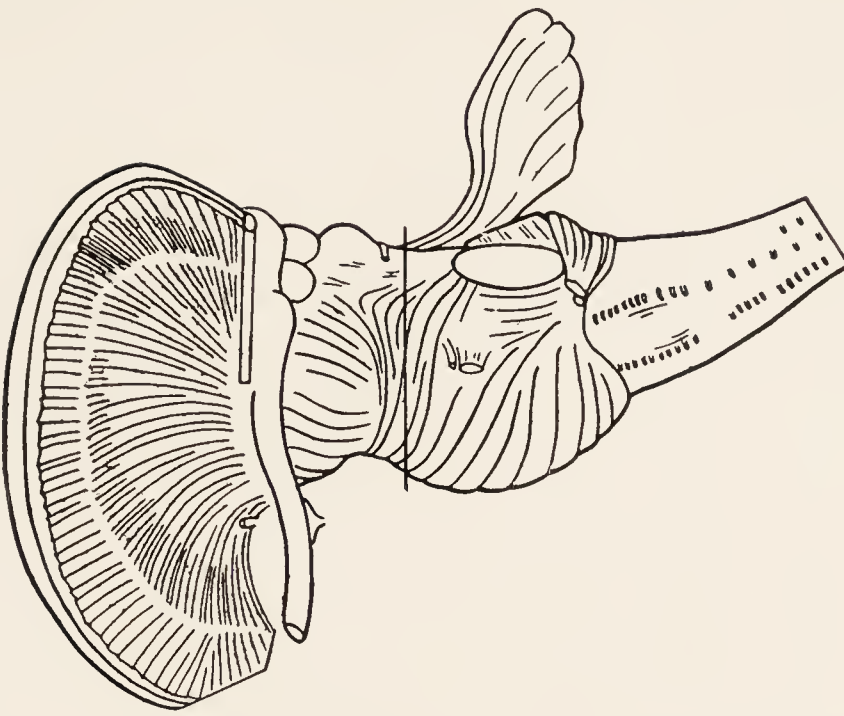


Fig. 306.

Figure 305 represents a section passing through the rostral part of the pons. The fourth ventricle is seen near its rostral extremity where it becomes narrow before it connects with the cerebral aqueduct. The lingula of the cerebellar vermis rests upon the dorsal surface of the anterior medullary velum, which joins the dorsal borders of the two brachia conjunctiva. The brachium conjunctivum has sunken more deeply into the dorsal part of the pons and has assumed a crescentic shape. At its ventral border some fibers can be seen streaming medially toward the decussation illustrated in the next figure. At the lateral border of the central gray matter the mesencephalic root of the trigeminal nerve is represented as a small bundle of fibers cut transversely. On each side of the midline close to the floor of the fourth ventricle is seen the medial longitudinal fasciculus. The thalamo-olivary tract is located near the center of each lateral half of the tegmental part of the pons. The medial lemniscus is flattened anteroposteriorly as in the preceding sections and lies along the ventral border of the tegmental portion of the pons. It has assumed a more lateral position than in the preceding sections. The lateral lemniscus has been displaced lateralward and dorsalward so that it lies lateral to the ventral part of the brachium conjunctivum. The corticospinal and corticopontile tracts are widely scattered through the basilar portion of the pons so that there is no compact deep stratum of transverse fibers. The superficial stratum is, however, better defined.



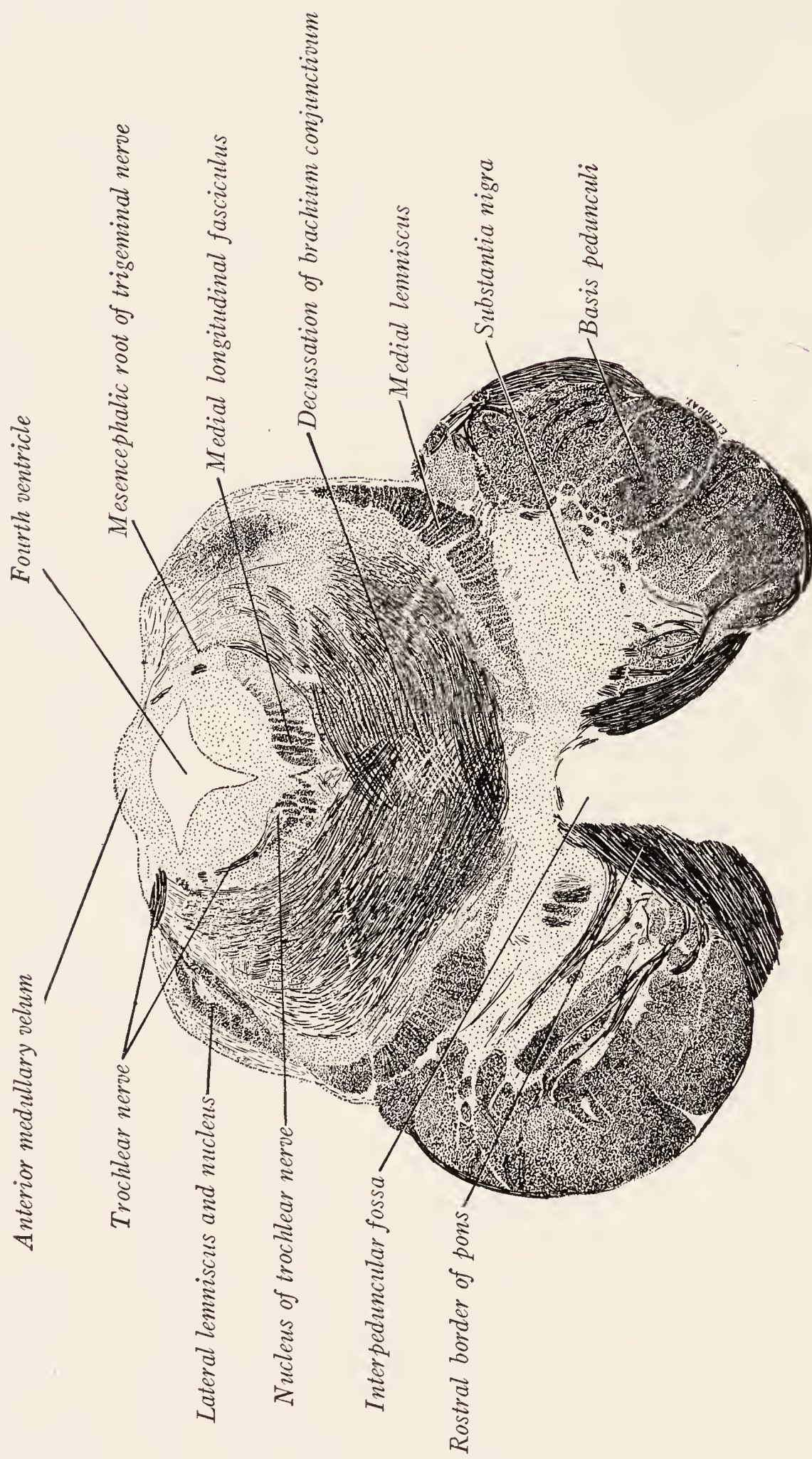


Fig. 307.—Section through the mesencephalon at the border of the pons in the plane indicated in Fig. 308. Magnification  $4\frac{1}{2}$ .



Figure 307 represents a section passing through the midbrain at the level of the decussation of the brachia conjunctiva and through the region of transition between the fourth ventricle and cerebral aqueduct. Several short strands of heavy fibers are seen near the lateral border of the central gray matter. These belong to the trochlear nerve which courses dorsally around the aqueduct and decussates in the anterior medullary velum and makes its exit from it. In the ventral part of the central gray matter on the left side the most caudal tip of the nucleus of the trochlear nerve can be seen with some of the fibers leaving it. Just ventral to it the medial longitudinal fasciculus is represented by heavy stipple and spreads out laterally along the border of the central gray matter. The mesencephalic root of the trigeminal nerve is smaller than in the preceding section, but can be distinguished near the lateral border of the central gray substance. The lateral lemniscus has migrated dorsally until it now lies in the most dorsolateral part of the section. The nucleus of the lateral lemniscus appears on the left side as a light area in the center of the heavily stippled tract. Fibers of the brachia conjunctiva can be seen coursing medialward in a broad band and decussating at the midline. The crossing fibers are more closely packed in the ventral and dorsal portions of the decussation than in the intermediate portion. The medial lemniscus has migrated dorsolateralward and assumed a crescentic shape. It lies along the ventrolateral margin of the tegmentum. The lightly stippled region ventral to the medial lemniscus represents the substantia nigra, which is composed of gray matter containing pigmented cells, from which the region receives its name. The corticospinal, corticobulbar, and corticopontile tracts have emerged from the rostral border of the pons and form a thick plate of white matter on the ventrolateral aspect of the cerebral peduncle. This is known as the basis pedunculi. The mass of fibers in the basis pedunculi which contains these tracts is much greater than that in the pyramid of the medulla oblongata (see Fig. 291). This difference is due chiefly to the termination of the corticopontile fibers in the pontile nuclei. The cerebral peduncles project forward on each side and the space between them is a part of the interpeduncular fossa. The section was cut close to the rostral border of the pons and a few pontile fibers can be seen upon the surface of the cerebral peduncles.

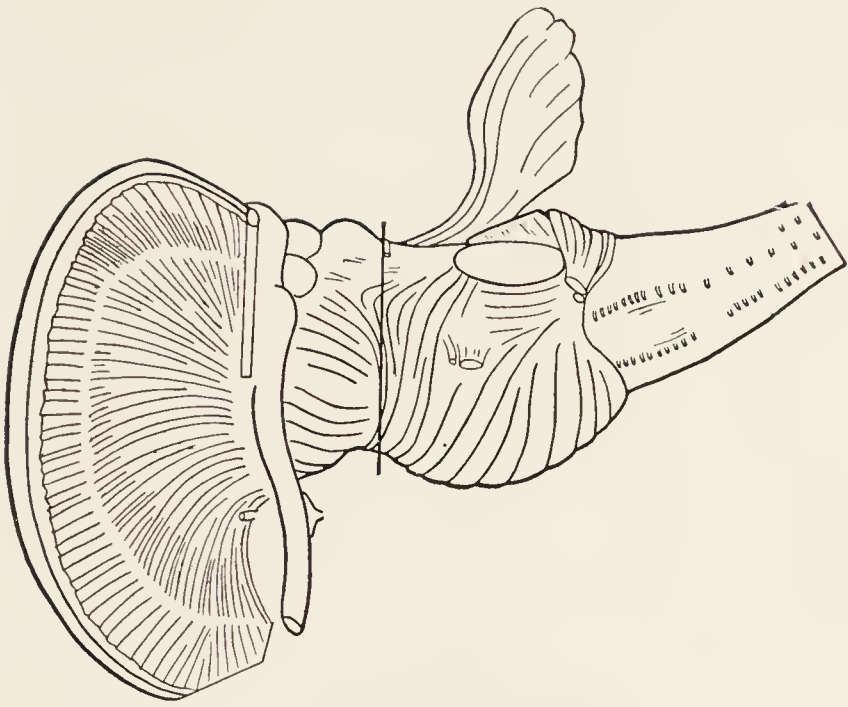


Fig. 308.



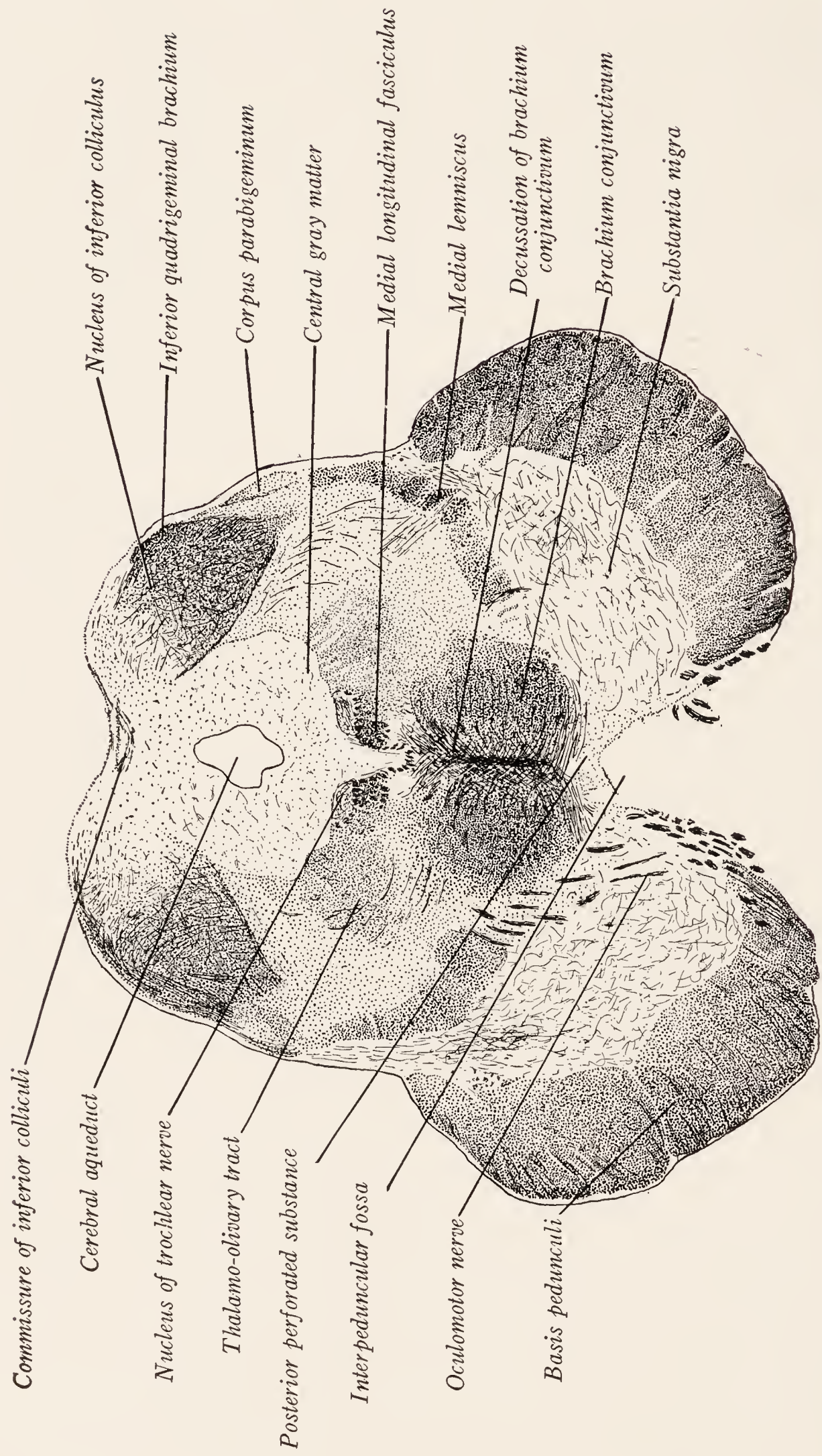


Fig. 309.—Section through the mesencephalon at the level of the inferior colliculus in the plane indicated in Fig. 310. Magnification 4½.



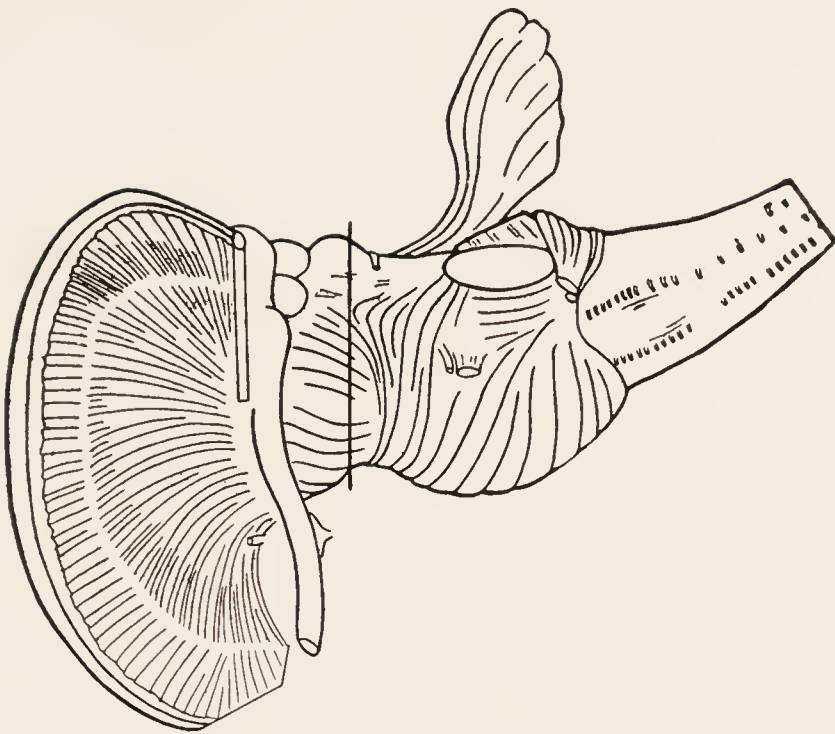


Fig. 310.

Figure 309 represents a section passing through the midbrain at the level of the inferior colliculus. The tectum of the mesencephalon lies dorsal to the central canal. It consists of the lamina quadrigemina in which are seen the elevations known as colliculi. The section passes through the caudal pair of elevations or the inferior colliculi. The cerebral aqueduct is surrounded by a thick lamina of central gray matter. The ventral part of the section is formed by the cerebral peduncles in which there may be distinguished the tegmentum and basis pedunculi and between these parts the substantia nigra. The tegmentum is continuous across the midline, while the two bases pedunculi are separated by the interpeduncular fossa. The nucleus of the inferior colliculus is surrounded by a capsule of fibers derived from the lateral lemniscus. The section passes through the caudal border of the nucleus and the capsule which covers it. Lateral to this nucleus is the inferior quadrigeminal brachium which also consists of fibers derived from the lateral lemniscus. The corpus parabigeminum is a mass of gray matter situated ventrolateral to the nucleus of the inferior colliculus and in close relation to the dorsal extremity of the medial lemniscus. This lemniscus is curved with concavity directed dorsomedially and lies at the ventrolateral border of the tegmentum close to the substantia nigra. The trochlear nucleus is a well-defined ovoid mass just dorsal to the medial longitudinal fasciculus. Lateral to it is the thalamo-olivary tract. The rostral end of the decussation of the brachia conjunctiva appears in the midline and the densely packed rounded masses on each side are formed by the fibers of the brachia conjunctivum and the brachium conjunctivum are a number of short strands of fibers belonging to the oculomotor nerve. They make their exit through the oculomotor sulcus. The substantia nigra has increased in extent and fills the space between the medial lemniscus and brachium conjunctivum dorsally and the basis pedunculi ventrally and laterally. The gray matter forming the floor of the interpeduncular fossa at this level is known as the posterior perforated substance because it is perforated by numerous blood vessels. The basis pedunculi forms a broad crescentic plate of densely packed fibers. The corticopontile tracts occupy its medial and lateral fifths and the corticospinal tract the intermediate three-fifths. The basis pedunculi contains in addition the fibers of the corticobulbar tracts (Fig. 132).

Figure 310 represents a section passing through the midbrain at the level of the inferior colliculus. The tectum of the mesencephalon lies dorsal to the central canal. It consists of the lamina quadrigemina in which are seen the elevations known as colliculi. The section passes through the caudal pair of elevations or the inferior colliculi. The cerebral aqueduct is surrounded by a thick lamina of central gray matter. The ventral part of the section is formed by the cerebral peduncles in which there may be distinguished the tegmentum and basis pedunculi and between these parts the substantia nigra. The tegmentum is continuous across the midline, while the two bases pedunculi are separated by the interpeduncular fossa. The nucleus of the inferior colliculus is surrounded by a capsule of fibers derived from the lateral lemniscus. The section passes through the caudal border of the nucleus and the capsule which covers it. Lateral to this nucleus is the inferior quadrigeminal brachium which also consists of fibers derived from the lateral lemniscus. The corpus parabigeminum is a mass of gray matter situated ventrolateral to the nucleus of the inferior colliculus and in close relation to the dorsal extremity of the medial lemniscus. This lemniscus is curved with concavity directed dorsomedially and lies at the ventrolateral border of the tegmentum close to the substantia nigra. The trochlear nucleus is a well-defined ovoid mass just dorsal to the medial longitudinal fasciculus. Lateral to it is the thalamo-olivary tract. The rostral end of the decussation of the brachia conjunctiva appears in the midline and the densely packed rounded masses on each side are formed by the fibers of the brachia conjunctivum and the brachium conjunctivum are a number of short strands of fibers belonging to the oculomotor nerve. They make their exit through the oculomotor sulcus. The substantia nigra has increased in extent and fills the space between the medial lemniscus and brachium conjunctivum dorsally and the basis pedunculi ventrally and laterally. The gray matter forming the floor of the interpeduncular fossa at this level is known as the posterior perforated substance because it is perforated by numerous blood vessels. The basis pedunculi forms a broad crescentic plate of densely packed fibers. The corticopontile tracts occupy its medial and lateral fifths and the corticospinal tract the intermediate three-fifths. The basis pedunculi contains in addition the fibers of the corticobulbar tracts (Fig. 132).



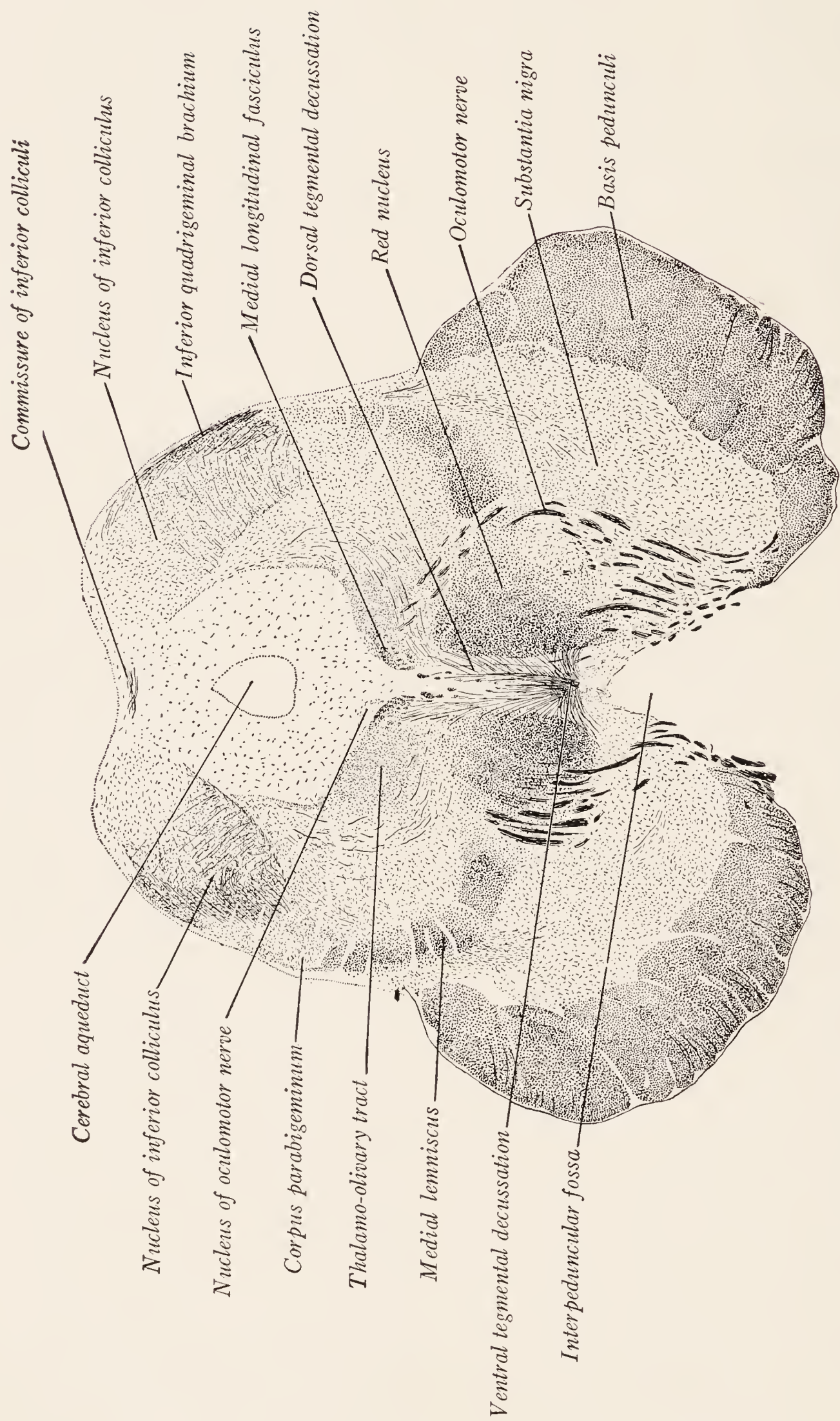


Fig. 311.—Section through the mesencephalon at the level of the inferior colliculus in the plane indicated in Fig. 312. Magnification 4½.



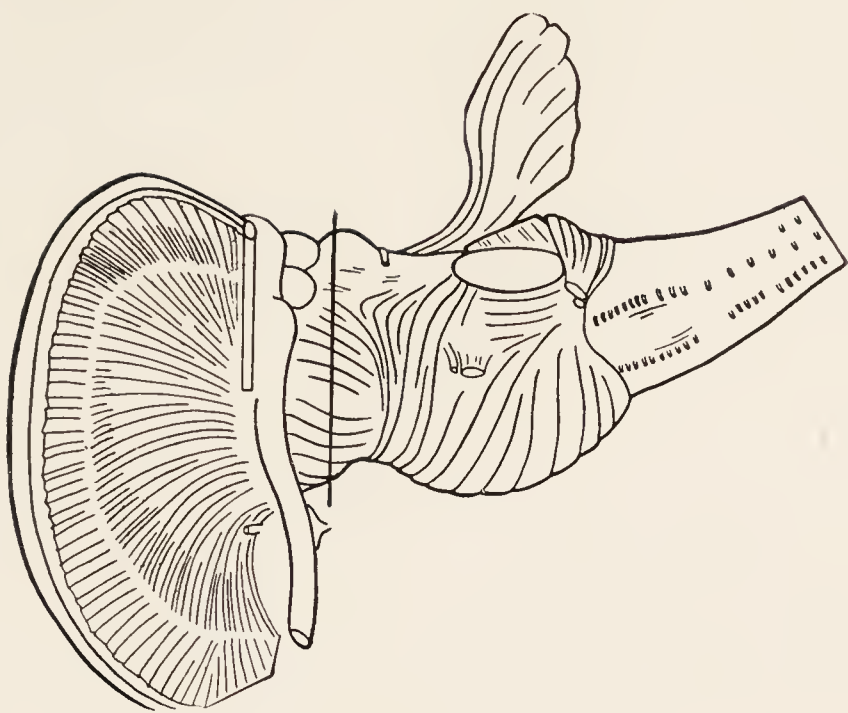


Fig. 312.

Figure 311 represents a section passing through the mesencephalon at the level of the inferior colliculus and the fountain decussation. The nucleus of the inferior colliculus shows more prominently in this section than in the preceding one. At this level most of the fibers of the lateral lemniscus have terminated in the colliculus, but many fibers can be seen along its lateral surface. Some of these belong to the inferior quadrigeminal brachium through which they run to the medial geniculate body. The medial lemniscus has migrated still further dorsolateral. It is a plate of longitudinally coursing fibers which is most compact near the red nucleus, but thins out as it curves dorsolaterally toward the inferior colliculus. The central gray stratum appears the same as in the preceding section. The thalamo-olivary tract retains its position lateral to the medial longitudinal fasciculus. Between the red nuclei there are many decussating fibers. The fibers in the dorsal three-fourths of the field are arranged so that they resemble the spray of a fountain. Their decussation has, therefore, been called the fountain decussation of Meynert or the dorsal tegmental decussation. These fibers come from the tectum and swing around the central gray stratum to the midline. After their decussation they form the tectospinal and tectobulbar tracts. In the ventral fourth of the field between the red nuclei are fibers which arise from these nuclei and cross in the midline. Their decussation is the ventral tegmental decussation or decussation of Forel. In the next section the dorsal and ventral decussations are more widely separated from each other. At this level the fibers of the brachia conjunctiva entering the caudal end of the red nuclei cause them to appear more like large bundles of fibers than cellular masses. Fibers of the oculomotor nerve curve around the lateral part of the red nucleus, pass through the medial part of the substantia nigra and emerge through the oculomotor sulcus into the interpeduncular fossa. The substantia nigra, with the broad band of fibers of the basis pedunculi forming its ventrolateral boundary, appears much the same as it did in the previous section.



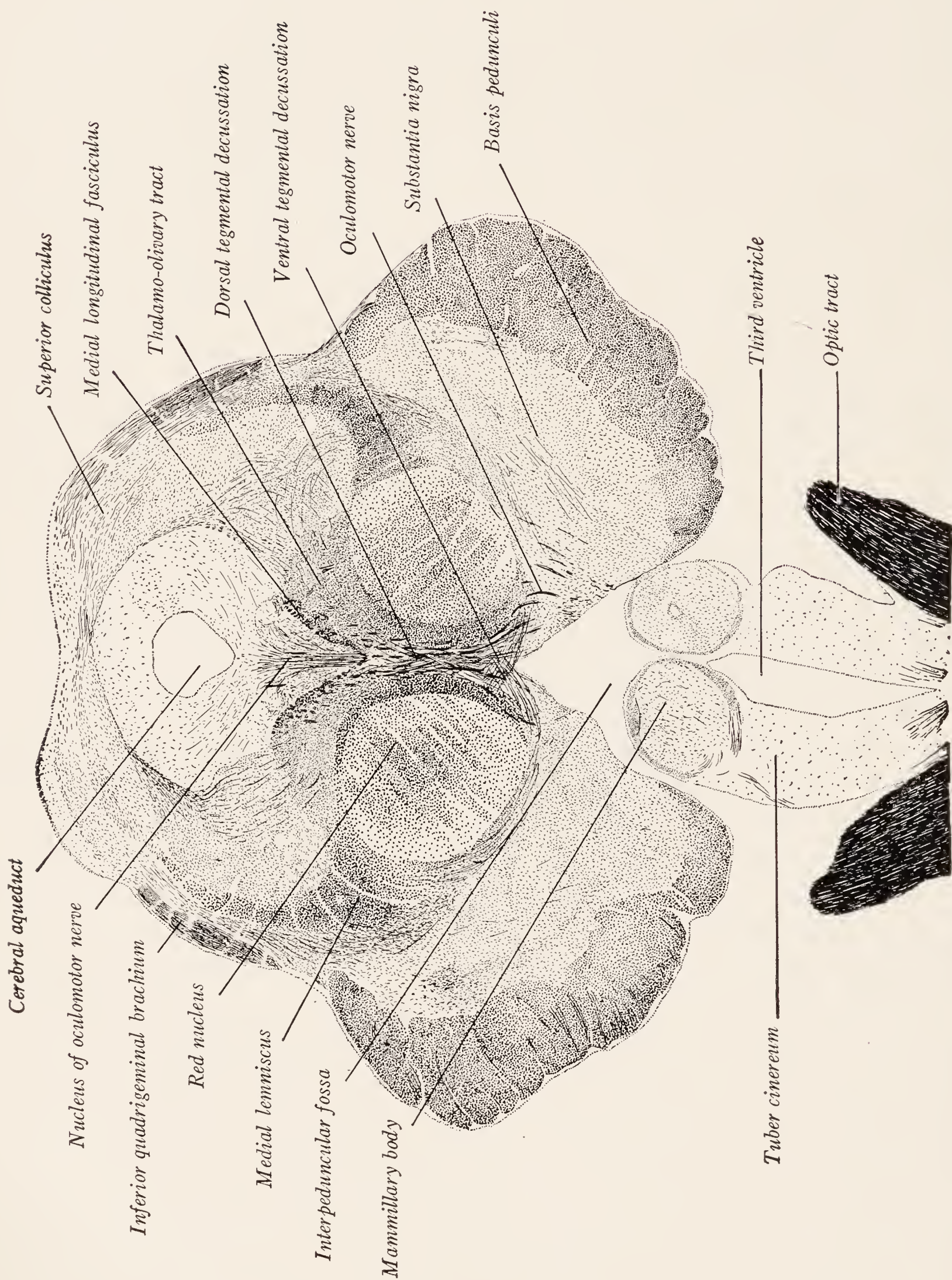


Fig. 313.—Section through the mesencephalon at the caudal borders of the superior colliculi and mammillary bodies in the plane indicated in Fig. 314. Magnification 4½.



Figure 313 represents a section passing through the mesencephalon at the level of the caudal borders of the superior colliculi and of the mammillary bodies. The central gray stratum has widened a little. The inferior quadrigeminal brachium is well defined and is situated at the surface of the section between the superior colliculus and the basis pedunculi. Just medial to this and curving ventrally and medially to the lateral border of the red nucleus is the medial lemniscus. The nucleus of the oculomotor nerve now appears in three parts, paired lateral portions and an unpaired medial one. The medial longitudinal fasciculi have spread out in the form of a V along the lateral edges of the oculomotor nuclei. The thalamo-olivary tract is seen lateral to the medial longitudinal fasciculus and dorsal to the red nucleus. The red nucleus in this section shows more gray matter and fewer fibers than in the preceding one. It is surrounded by a capsule of nerve fibers which is most dense on the medial side of the nucleus. Between the red nuclei two decussations of fibers are seen. The dorsal tegmental decussation is composed of fibers from the tectum which, after crossing, descend as the tectospinal and tectobulbar tracts. The ventral tegmental decussation is made up of fibers from the red nucleus. These cross and turn caudward as the rubrospinal tract. The heavy strands of fibers coursing ventrally between the red nuclei belong to the oculomotor nerves. The substantia nigra and basis pedunculi have been displaced slightly lateralward by the widening of the interpeduncular fossa to receive the mammillary bodies which appear as two round masses lying between the peduncles. In the most ventral part of the illustration are parts of the optic tracts. Ventral to the mammillary bodies a part of the third ventricle surrounded by the tuber cinereum may be seen.

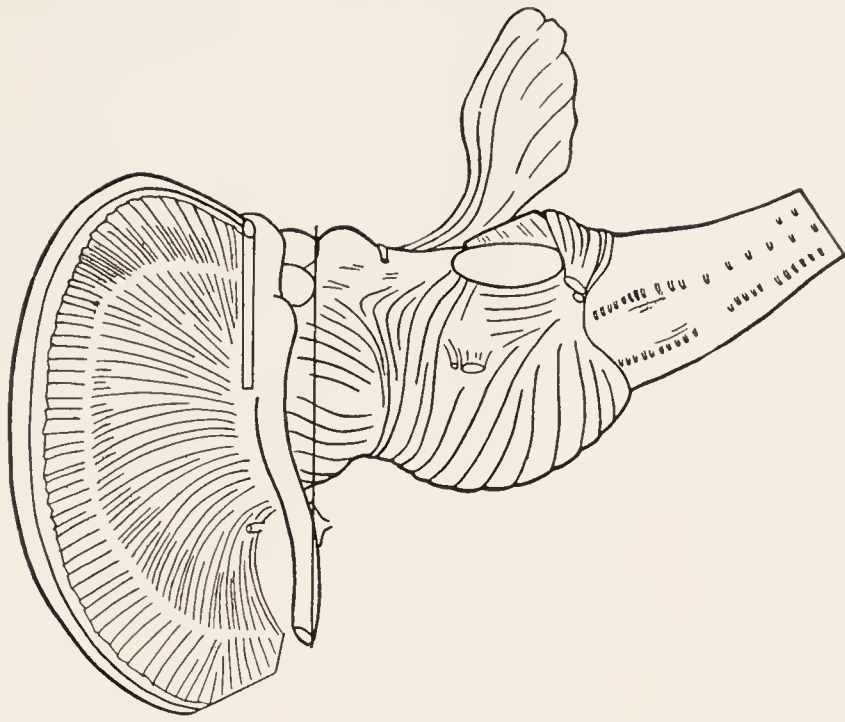


Fig. 314.



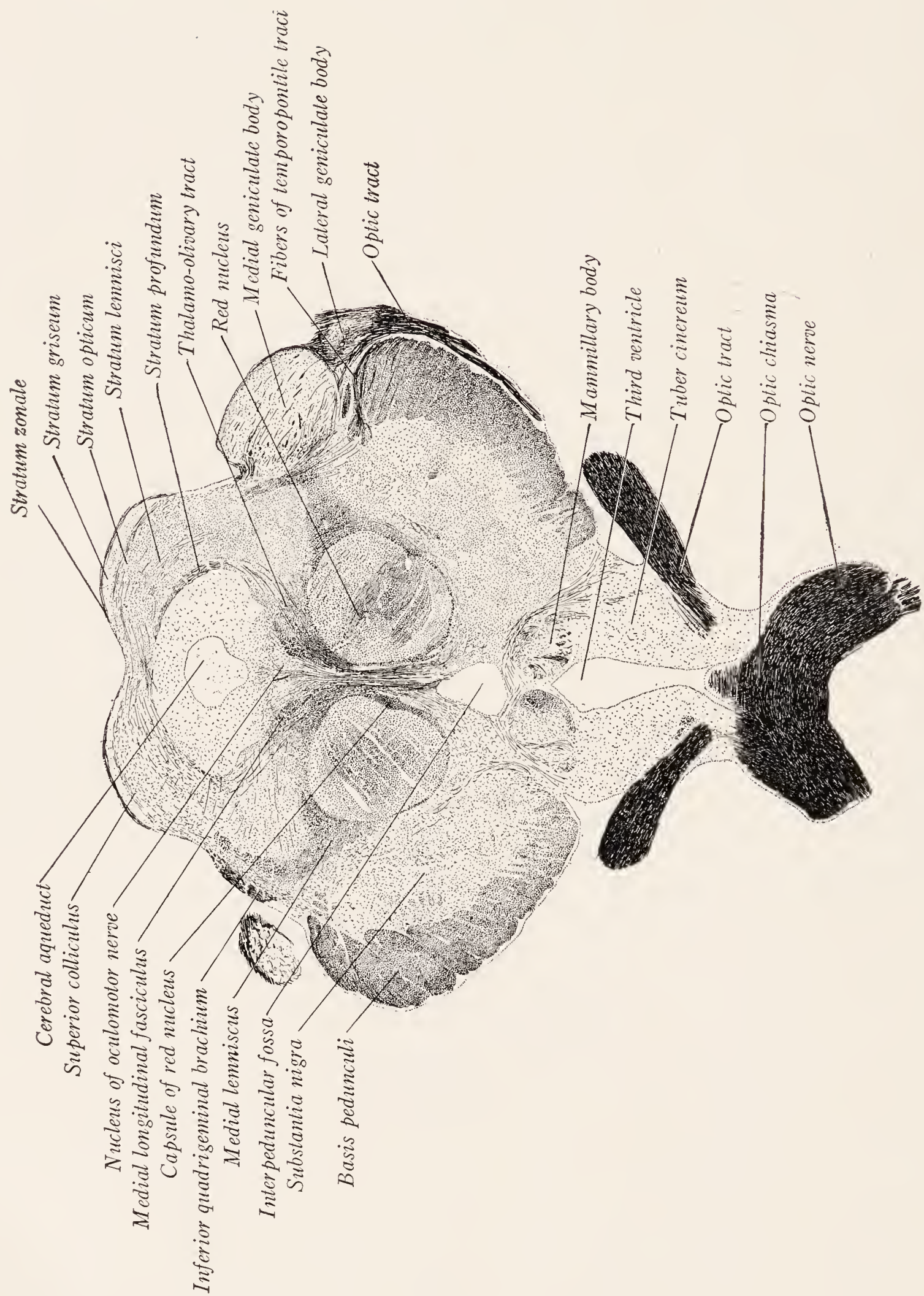


Fig. 315.—Section through the mesencephalon at the level of the superior colliculus and the optic chiasma in the plane indicated in Fig. 316.  
Magnification  $2\frac{3}{4}$ .



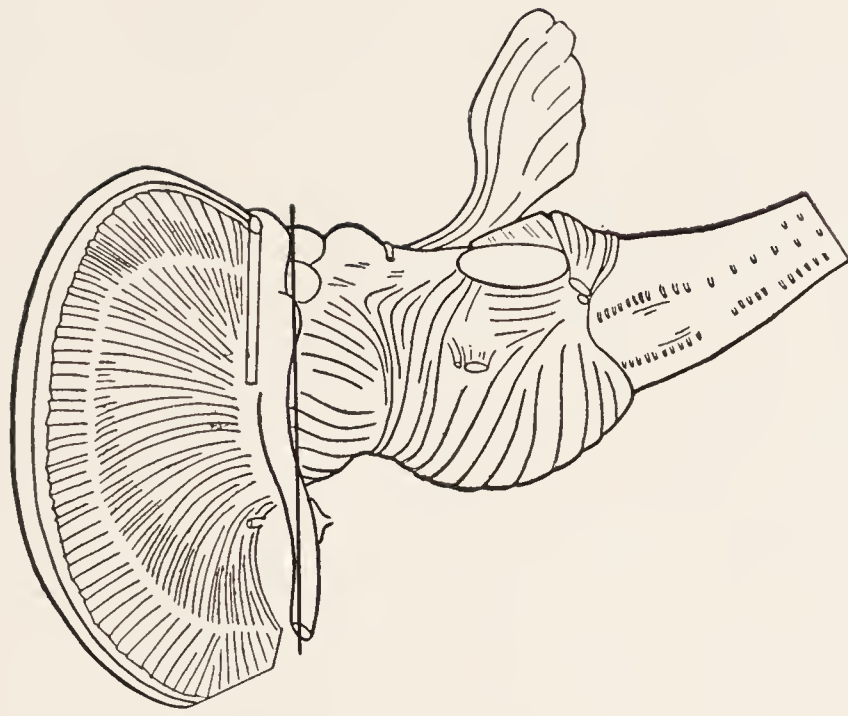


Fig. 316.

Figure 315 represents a section passing through the mesencephalon at the level of the superior colliculus and the optic chiasma. The superior colliculi form the two rostral eminences in the lamina quadrigemina or tectum mesencephali. They are composed of several strata. There is a superficial thin layer of nerve-fibers, the stratum zonale. Beneath this is a thicker layer, the stratum griseum, which contains few myelinated fibers and appears to be composed chiefly of gray matter. The next deeper layer, the stratum opticum, contains many fibers. Afferent fibers from the optic tract enter this layer by way of the superior quadrigeminal brachium. The stratum lemnisci lies just beneath the stratum opticum and is also rich in fibers. The thin layer of fibers next to the central gray matter is known as the stratum profundum. It is composed of tectospinal fibers which arise in the superior colliculus and cross the midline in the dorsal tegmental decussation. The inferior quadrigeminal brachium can be seen on the left side of the section. It terminates in the medial geniculate body. This is illustrated on the right side of the figure as a rounded body projecting latero-ward from the tegmentum just dorsal to the dorsolateral border of the substantia nigra. The connection of the inferior quadrigeminal brachium with the medial geniculate body is illustrated in Fig. 131. The medial lemniscus is sharply curved with concavity directed dorso-medially. Its thickest portion lies near the lateral side of the red nucleus, but it extends laterally and then dorsally in the tegmentum upon the medial side of the medial geniculate body and inferior quadrigeminal brachium. The thalamo-olivary tract lies dorsal to the red nucleus and lateral to the medial longitudinal fasciculus which extends as a flattened plate of dark fibers on each side of the oculomotor nuclei. The oculomotor nuclei occupy the ventral portion of the central gray matter, filling the V-shaped interval between the two medial longitudinal fasciculi. The substantia nigra is a broad expanse of gray matter between the tegmentum and the basis pedunculi and between the mammillary and medial geniculate bodies. The basis pedunculi appears very much as it did in more caudal sections. At its dorsolateral border can be seen temporopontile fibers which have come from the sublenticular portion of the internal capsule which lies a short distance farther rostrad (Fig. 317). The interpeduncular fossa has been cut through its short rostral projection dorsal to the mammillary bodies. The mammillary bodies now appear as two rounded masses of gray matter with numerous fibers running through them. Extending ventrally from them is the tuber cinereum surrounding a small portion of the third ventricle. The optic nerves meet and partly cross in the optic chiasma from which the optic tracts are continued backward toward the lateral geniculate bodies.



Oblique sections through the region of transition between midbrain and thalamus are represented by the following five illustrations. The oblique plane of section, although somewhat confusing unless careful attention is paid to the accompanying key figures, makes possible a clear display of the quadrigeminal brachia, fields of Forel, and the ansa lenticularis.

Figure 317 represents a section through the rostral part of the mesencephalon cut at a slightly different angle than the preceding section. It passes through the optic tract, sublenticular part of the internal capsule and the pulvinar of the thalamus

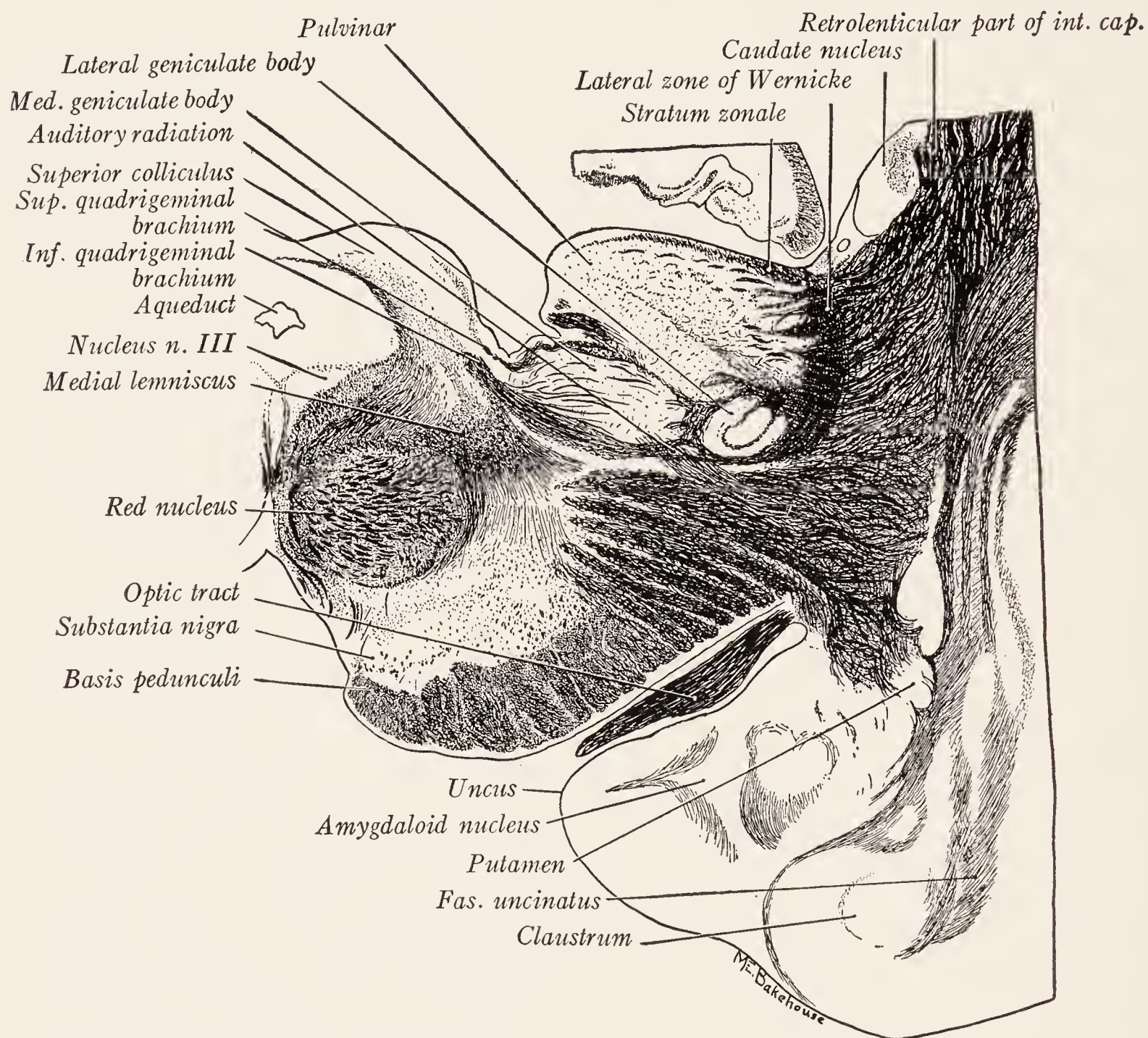


Fig. 317.—Section through the mesencephalon and internal capsule in the plane indicated by Figs. 318 and 319. (Redrawn from Dejerine.)

(Fig. 318), and through the upper end of the mesencephalon (Fig. 319). Under cover of the pulvinar and resting upon the lateral surface of the mesencephalon are the rostral ends of the medial and lateral geniculate bodies. The lateral zone of Wernicke, shown better in Fig. 377, contains fibers from the optic tract and from the geniculocalcarine fasciculus. It is continuous with the stratum zonale on the dorsal surface, and the external medullary lamina on the lateral surface of the thalamus (Fig. 338). Fibers from the medial geniculate body, belonging to the auditory radiation, run lateroalward into the sublenticular portion of the internal capsule where they become lost



among the temporo-pontile fibers. The temporo-pontile fibers may be traced from the sublenticular portion of the internal capsule into the lateral part of the basis pedunculi

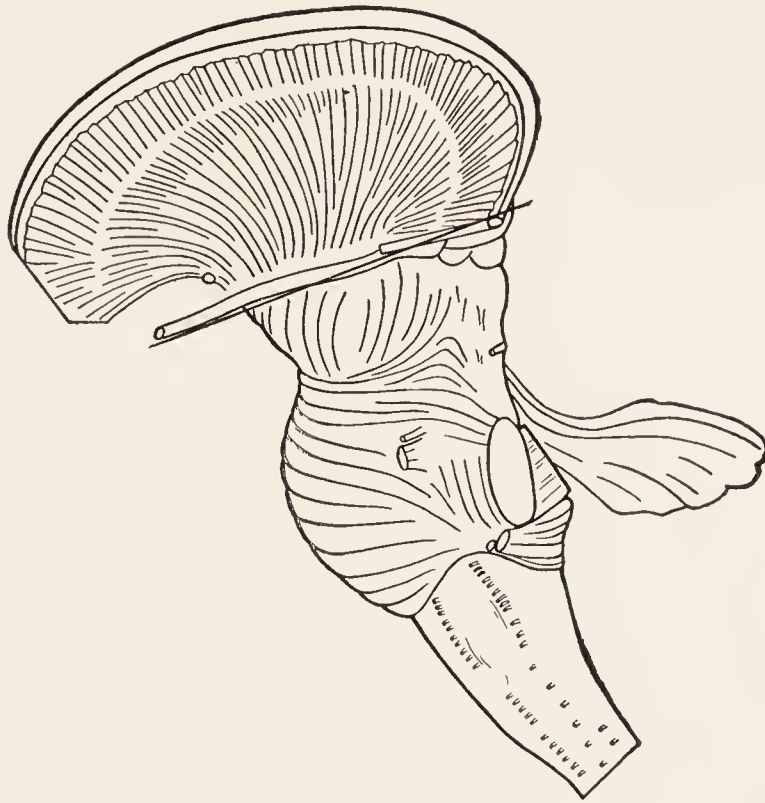


Fig. 318.

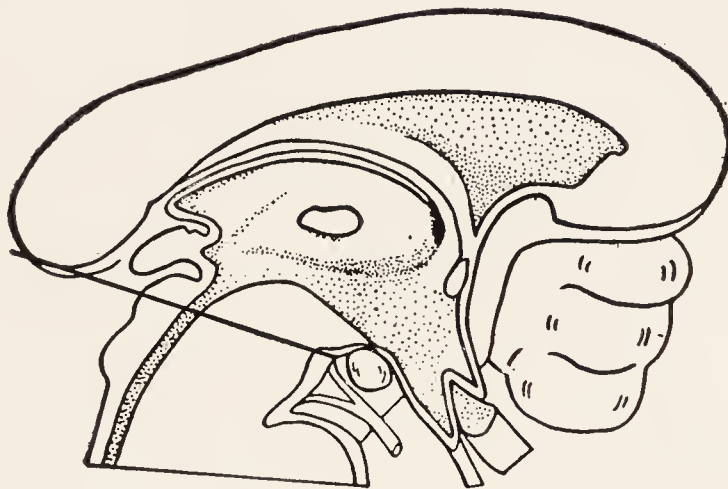


Fig. 319.

The inferior quadrigeminal brachium is placed ventral to the medial geniculate body and the superior quadrigeminal brachium dorsal to it.



Figure 320 represents a section through the hypothalamus a short distance rostral to the upper end of the mesencephalon. It passes through the optic chiasma, tuber cinereum, mammillary body and superior colliculus of the corpora quadrigemina (Fig. 322), and through the optic tract, retrolenticular part of the internal capsule and the pulvinar of the thalamus (Fig. 321). Dorsal to the optic tract is seen the highest part of the basis pedunculi. This is continuous lateralward with the subthalamic portion of the internal capsule which is situated between the lentiform nucleus and

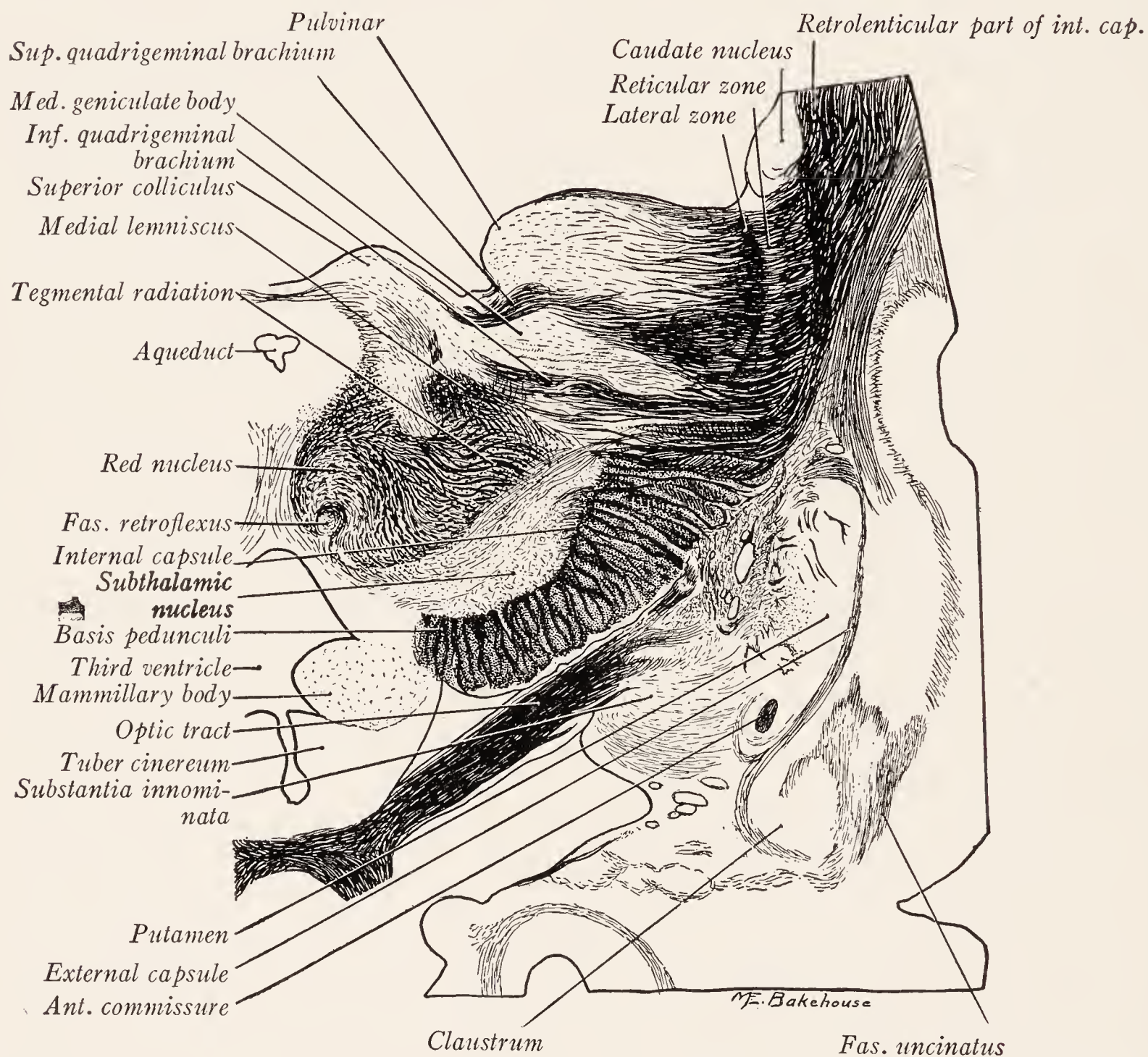


Fig. 320.—Section through the hypothalamus and internal capsule in the plane indicated by Figs. 321 and 322. (Redrawn from Dejerine.)

the subthalamus. The latter represents an upward continuation of the tegmentum of the mesencephalon which it resembles somewhat in structure. The substantia nigra, which is well developed in the preceding section, is replaced by the subthalamic nucleus of Luys. The fasciculus retroflexus of Meynert is seen passing through the red nucleus. Directed lateralward from this nucleus are coarse bundles of fibers belonging to the tegmental radiation through which the corticorubral tract makes its way from the internal capsule to the red nucleus. Dorsal to the tegmental radiation is the medial lemniscus, and dorsal to this, the inferior quadrigeminal brachium. This



brachium is represented by a heavy bundle of fibers extending from the internal capsule along the ventral side of the medial geniculate body toward the inferior colliculus. It contains, in addition to the auditory fibers from the lateral lemniscus (Fig. 131), also cortical projection fibers from the sublenticular segment of the internal capsule. The medial geniculate body separates the two quadrigeminal brachia. The superior

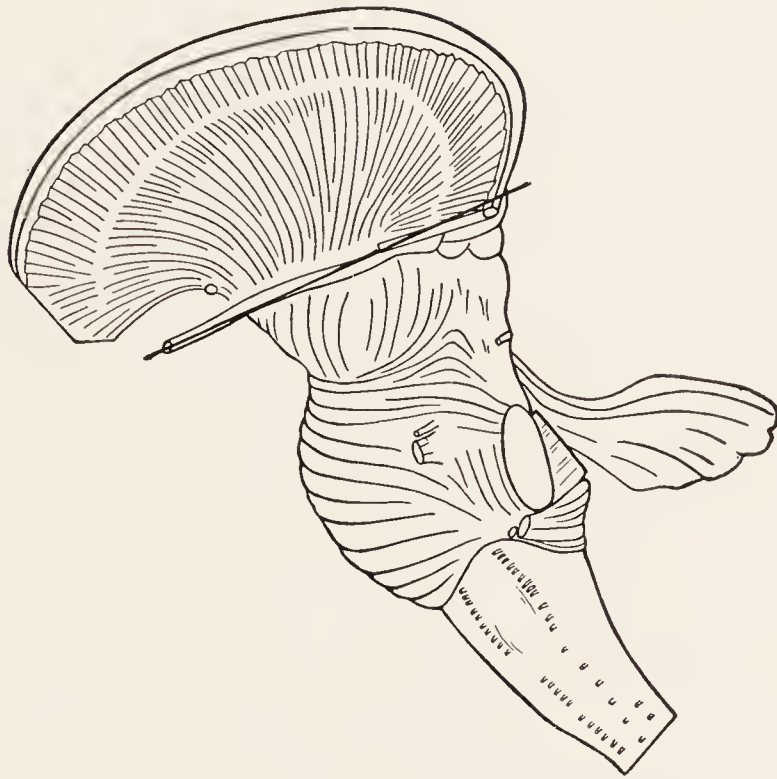


Fig. 321.

quadrigeminal brachium extends lateralward between the medial geniculate body and the pulvinar. In addition to fibers from the optic tract it contains projection fibers from the cerebral cortex. These projection fibers come by way of the retrolenticular segment of the internal capsule and traverse the lateral zone of Wernicke and the



Fig. 322.

superior quadrigeminal brachium to reach the superior colliculus. The lateral zone is well developed and is situated on the lateral side of the pulvinar which it separates from the reticular zone and the internal capsule. Lateral to the optic tract are seen the substantia innominata, the anterior commissure, and the most ventral part of the lenticular nucleus. Lateral to these structures are the external capsule and claustrum.



Figure 323 represent a section through the hypothalamus and basal ganglia at a slightly higher level than the preceding one. It passes through the upper border of the optic tract and the retrolenticular part of the internal capsule and the pulvinar (Fig. 324), and through the lamina terminalis, tuber cinereum, mammillary body, and posterior commissure (Fig. 325). The basis pedunculi is represented at this level by

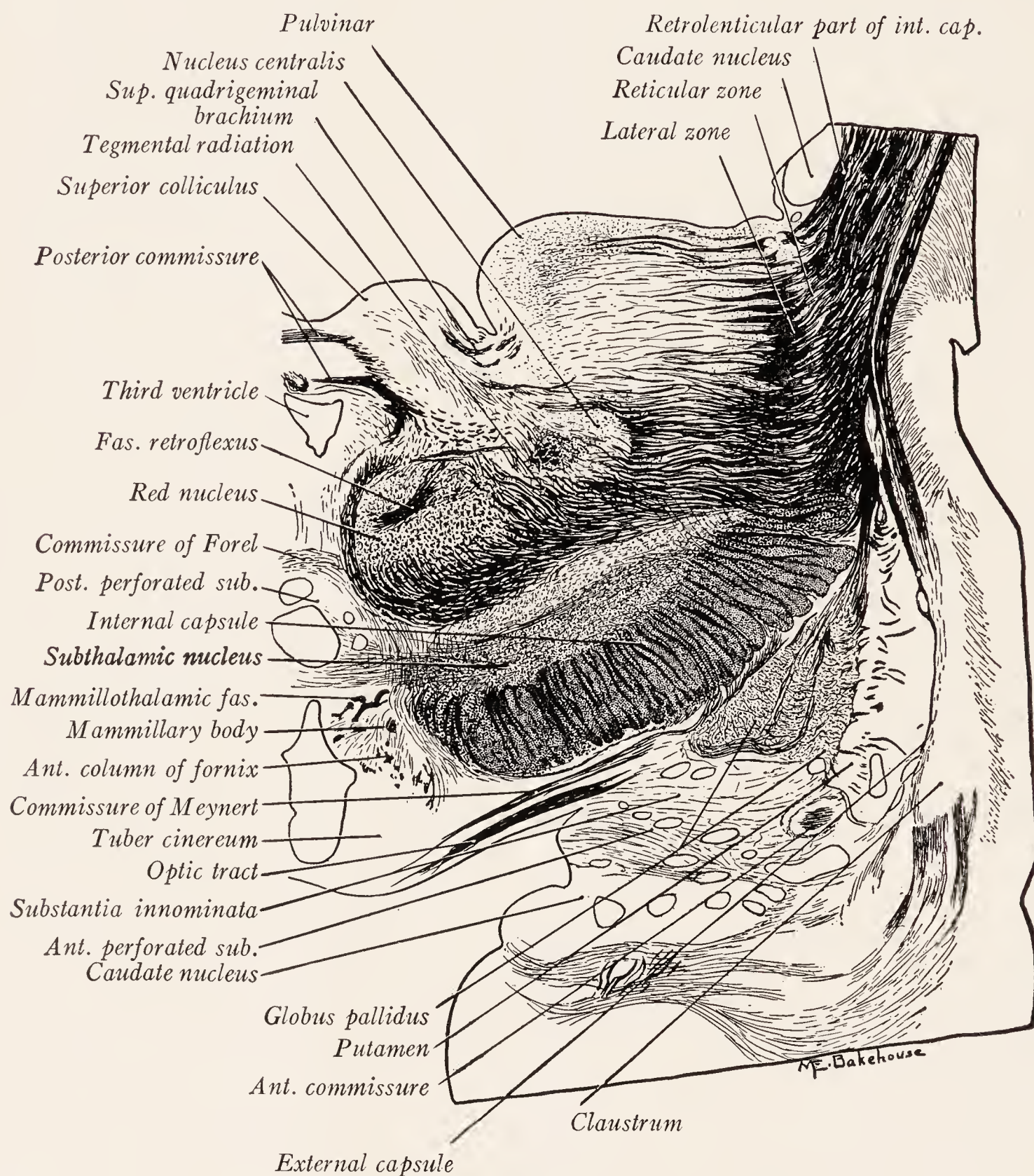


Fig. 323.—Section through the basal ganglia and internal capsule in the plane indicated by Figs. 324 and 325. (Redrawn from Dejerine.)

the subthalamic portion of the internal capsule with which it is directly continuous and by which the subthalamus is separated from the lentiform nucleus. The section passes above the level of the sublenticular part of the capsule and below the level of its anterior limb. Posteriorly the internal capsule is continuous through its retrolenticular portion with the internal sagittal stratum. Lateral to the optic tract is the substantia innominata, the anterior perforated substance, and the lowest part of the head



of the caudate nucleus. Lateral to the internal capsule are the lentiform nucleus, external capsule and claustrum. In the midline are seen the posterior perforated substance and the portion of the third ventricle that connects with the cavity of the infundibulum. Surrounding this portion of the ventricle are the tuber cinereum and mammillary body.

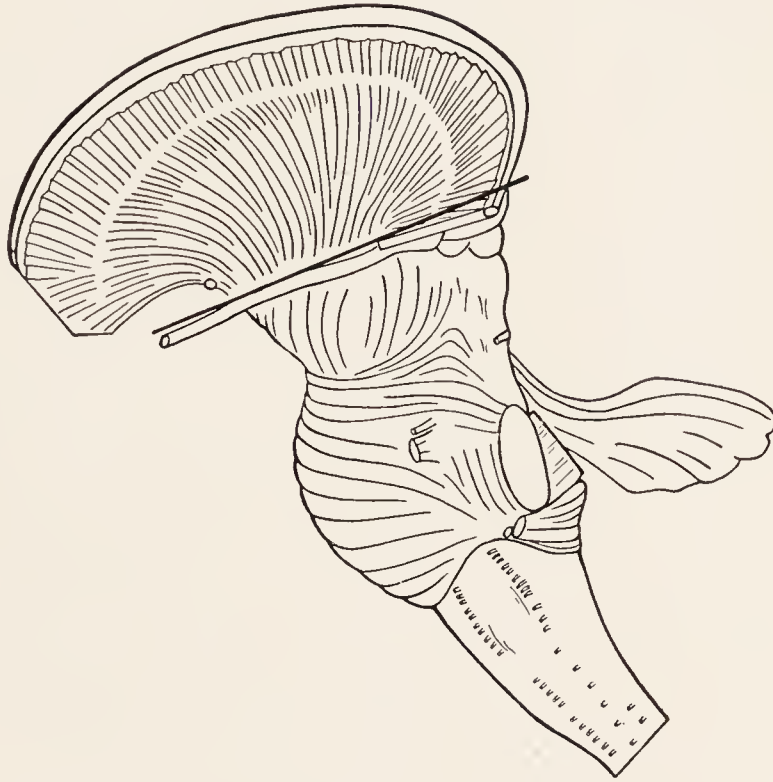


Fig. 324.

The red nucleus is surrounded by a capsule formed chiefly by fibers of the brachium conjunctivum, and is pierced by the fasciculus retroflexus of Meynert. From the red nucleus the tegmental radiation streams lateralward. In the dorsal part of the section is the pulvinar of the thalamus with the lateral zone of Wernicke upon its lateral sur-

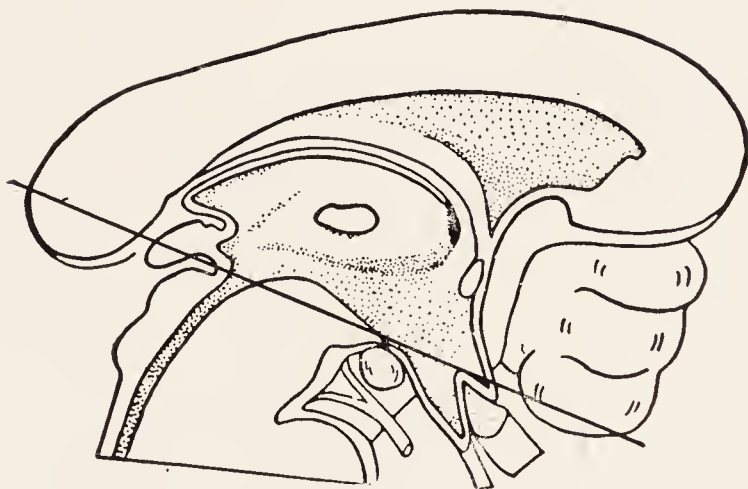


Fig. 325.

face. This is separated by the reticular zone from the retrolenticular part of the internal capsule. The hypothalamic nucleus is situated dorsal and medial to the internal capsule. The mammillothalamic fasciculus and the anterior column of the fornix are cut across in the rostral part of the mammillary body.



Figure 326 was drawn from a section through the hypothalamus, thalamus, and lentiform nucleus. It passes through the internal capsule some distance below the anterior limb, cutting through the subthalamic and retrolenticular portions of the posterior limb (Fig. 327), and through the lamina terminalis and posterior commissure (Fig. 328). The internal capsule forms a broad band of white matter separating the lentiform nucleus which lies upon its lateral aspect from the subthalamus and thalamus which lie medial to it. The lentiform nucleus is fused medially with the head of the caudate nucleus. Adjacent to the gray matter surrounding the third ventricle are

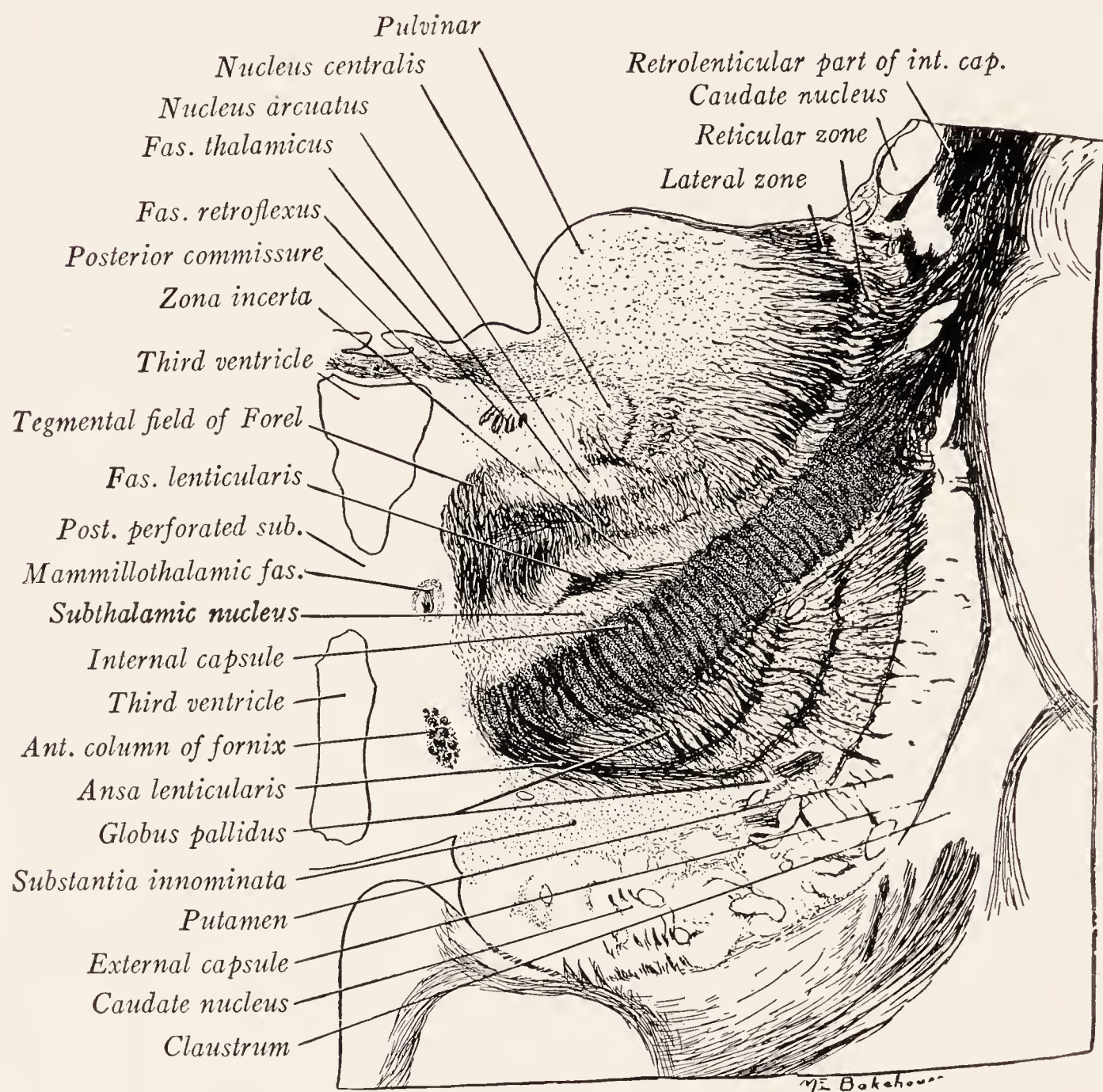


Fig. 326.—Section through the basal ganglia and internal capsule in the plane indicated by Figs. 327 and 328. (Redrawn from Dejerine.)

seen the anterior column of the fornix, the mammillothalamic fasciculus, and the fasciculus retroflexus of Meynert. The ansa lenticularis streams medially from the globus pallidus around the medial border of the internal capsule. Dorsal to the subthalamic nucleus is a field of myelinated fibers, the tegmental field (H) of Forel. It is prolonged lateralward as the thalamic fasciculus (field H<sub>1</sub>) of Forel. From the entire medial surface of the globus pallidus fibers pass backward through the internal capsule. They form the lenticular fasciculus (field H<sub>2</sub>) and are continued medially into the tegmental field (H) of Forel. (See also Fig. 173.) Between the thalamic and lenticular



fasciculi is a plate of gray matter, known as the zona incerta, which is continuous laterally with the reticular zone of the thalamus. The reticular zone is a thin plate of gray

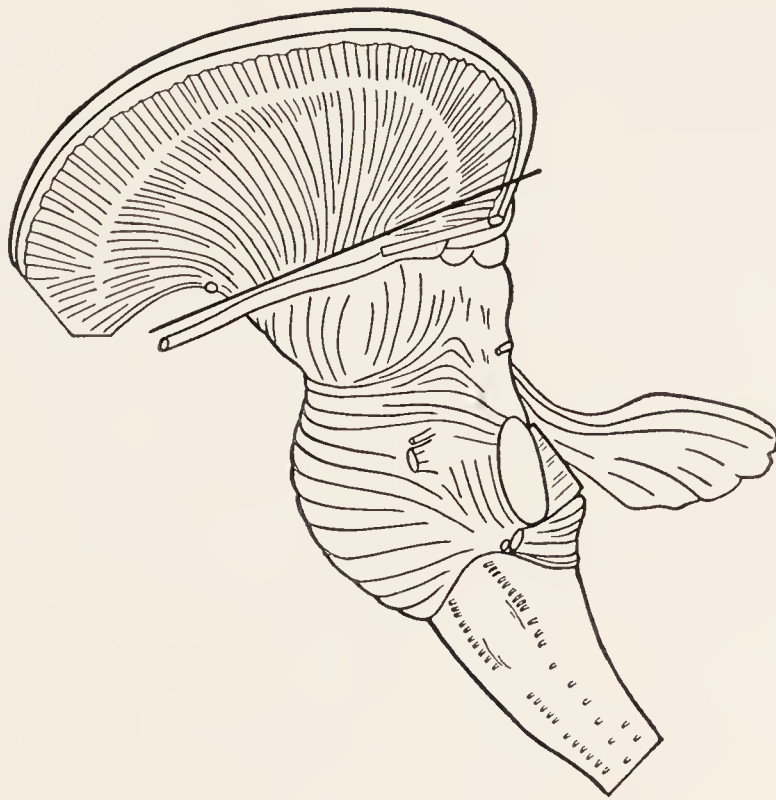


Fig. 327.

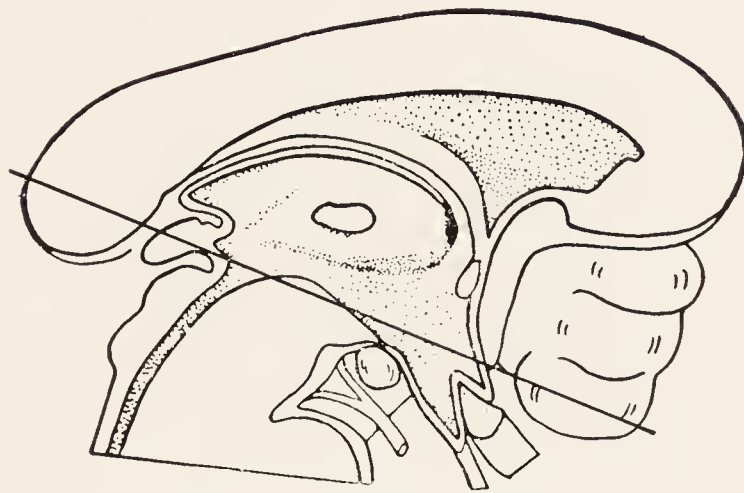


Fig. 328.

matter separating the external medullary lamina of the thalamus from the internal capsule.



Figure 329 represents a section through the hypothalamus, thalamus, and lentiform nucleus slightly higher than the preceding one. It passes through the internal capsule immediately below its anterior limb and through the subthalamic, lenticulothalamic, and retrolenticular portions of the posterior limb (Fig. 330), and through the lamina terminalis and habenular commissure (Fig. 331). The retrolenticular part of the internal capsule separates the lentiform nucleus from the tail of the caudate nucleus. The lentiform nucleus lies on the ventrolateral side of the internal capsule and is composed of two parts, the globus pallidus and putamen. It is continuous medially with the caudate nucleus. The section was made below the level of the point where

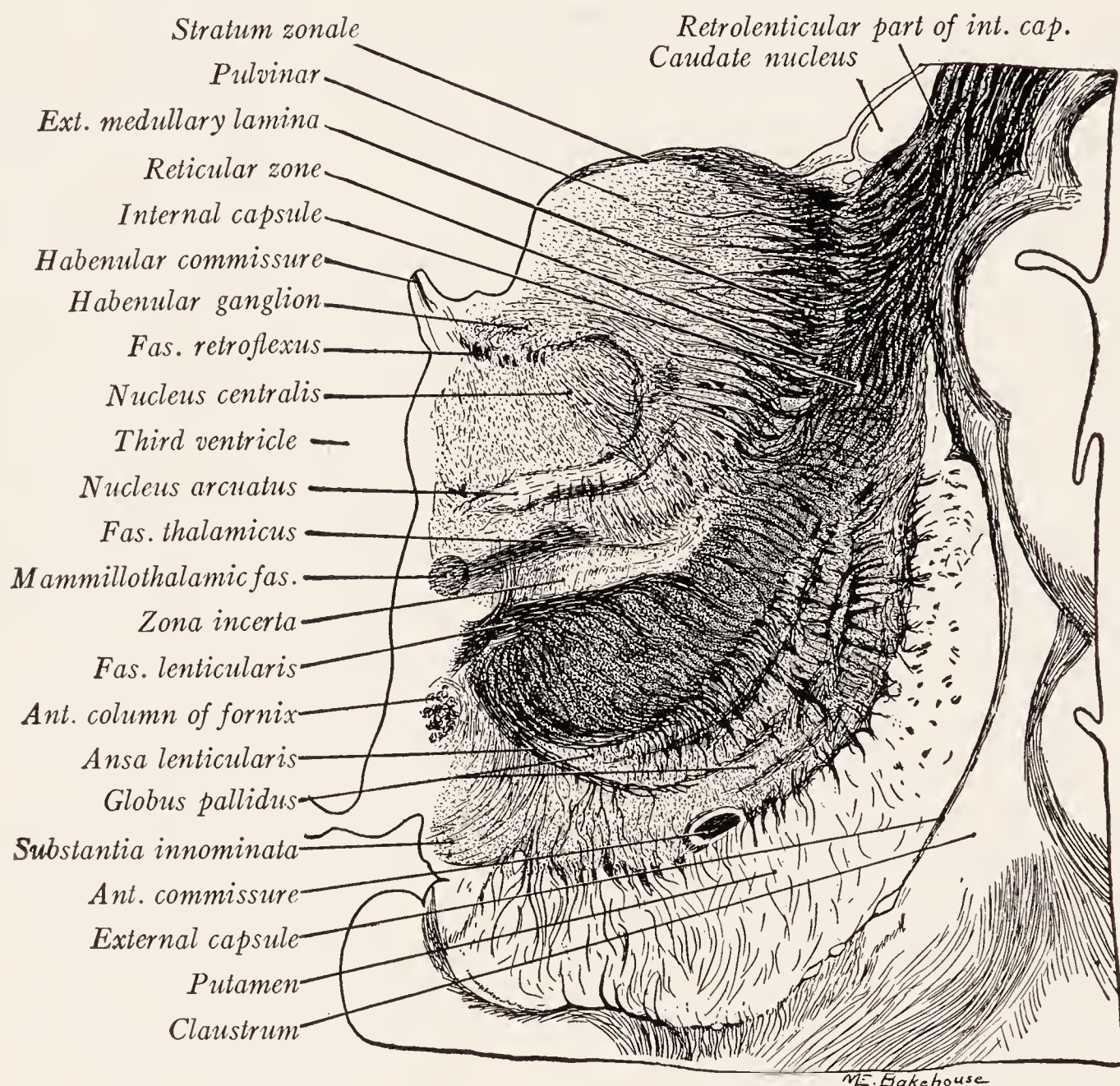


Fig. 329.—Section through the basal ganglia and internal capsule in the plane indicated by Figs 330 and 331. (Redrawn from Dejerine.)

the anterior commissure crosses the midline, but cuts across the commissure as this curves under the lentiform nucleus. Medial to the internal capsule are seen the subthalamus and thalamus. Adjacent to the gray matter enclosing the third ventricle can be distinguished the anterior column of the fornix, the mammillothalamic fasciculus, and the fasciculus retroflexus. The latter is cut at the point where it enters the habenular ganglion. In the subthalamic region the fasciculus lenticularis rests upon the dorso-medial aspect of the internal capsule. It consists of fibers from the lentiform nucleus which have made their way through the internal capsule. Dorsal to it is the zona incerta and dorsal to that, the fasciculus thalamicus. The ansa lenticularis is seen coming from



the globus pallidus. The origin of the ansa can be seen better in the preceding section. It winds around the medial border of the internal capsule and joins the fasciculus len-



Fig. 330.

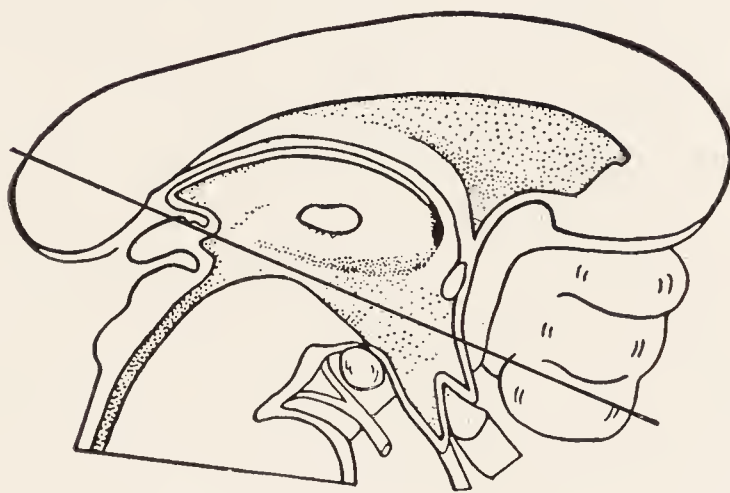


Fig. 331.

ticularis in the subthalamus. Next to the internal capsule are the external medullary lamina and the reticular zone. The surface of the pulvinar is covered by the stratum zonale.



Horizontal sections through the internal capsule at three successive levels are represented in the following illustrations. They show the subdivisions of the internal capsule and its relation to the subthalamus, thalamus, and corpus striatum.

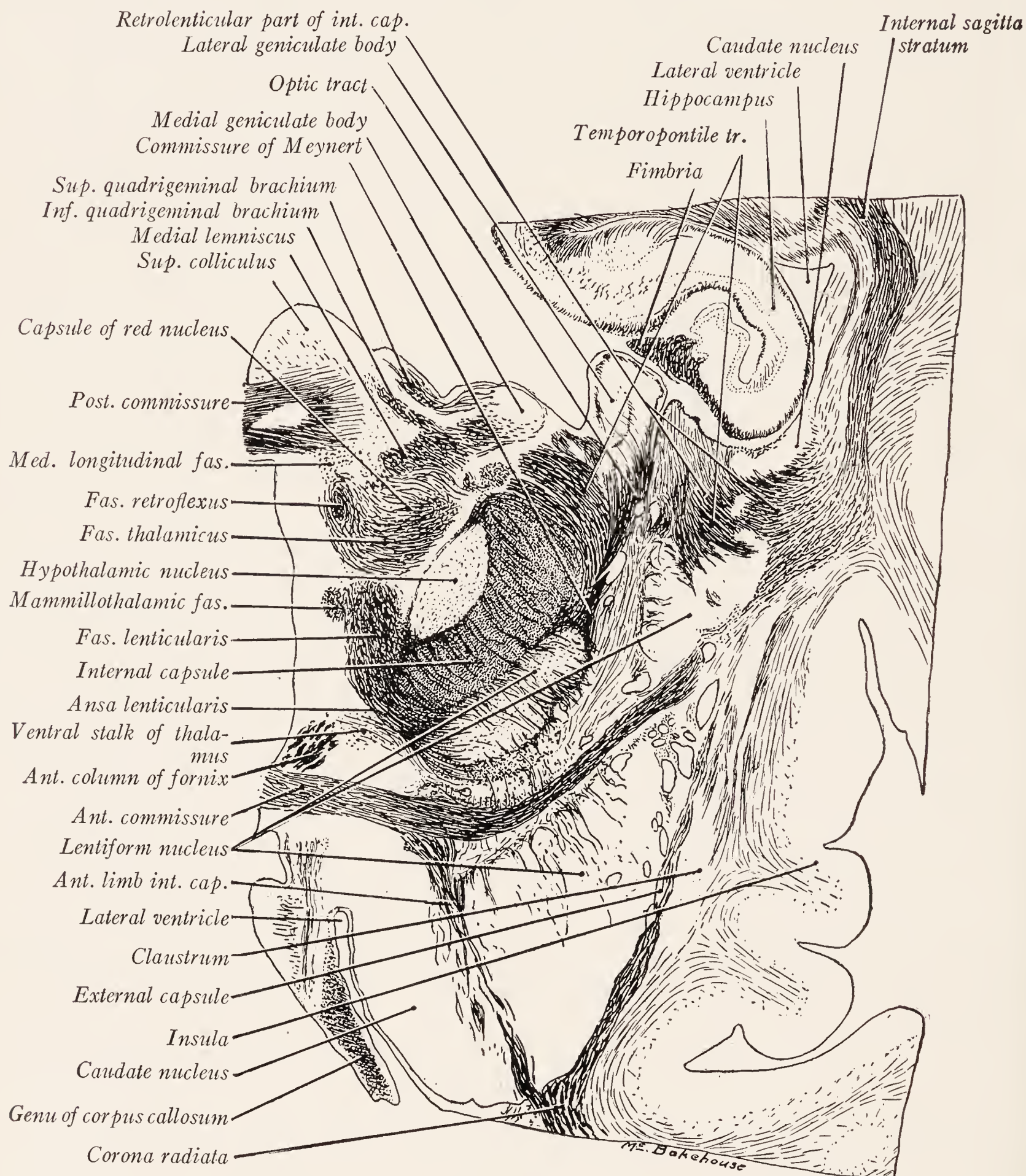


Fig. 332.—Section through the basal ganglia and internal capsule in the plane indicated by Figs. 333 and 334. (Redrawn from Dejerine.)

Figure 332 represents a section through the internal capsule immediately above the sublenticular portion (Fig. 333), and through the anterior and posterior commissures (Fig. 334). The plane of this section makes an acute angle with those of the preceding sections. The inclination of the plane of section is such that it cuts through



the lowermost fibers of the anterior limb and the junction of the sublenticular with the retrolenticular portions of the internal capsule. Some temporo-pontile fibers belonging to the sublenticular portion are shown in the drawing and the continuity of the retro-

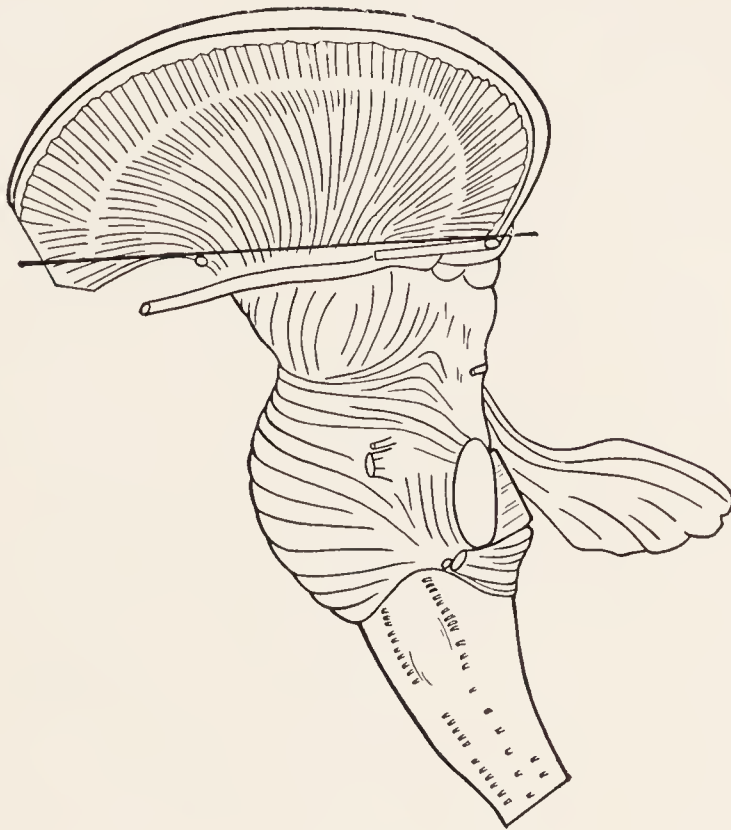


Fig. 333.

lenticular portion with the internal sagittal stratum is illustrated. The anterior limb separates the head of the caudate from the lentiform nucleus. The anterior commissure can be traced lateralward and then somewhat backward under the lentiform nucleus. The external capsule separates the latter from the claustrum. In the subthalamus one

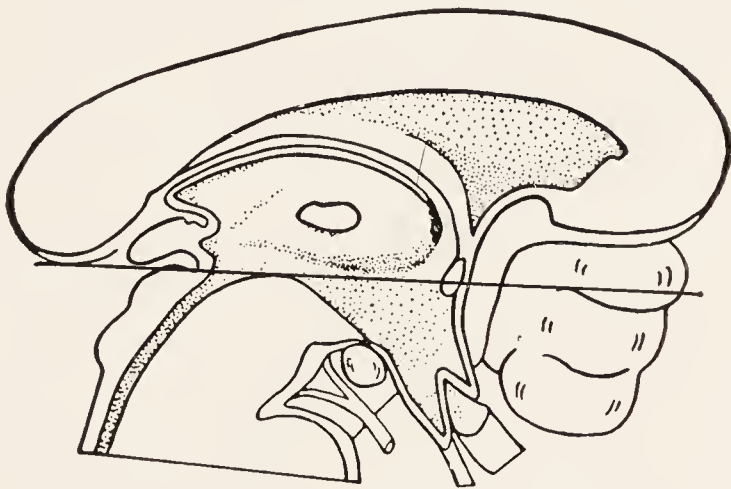


Fig. 334.

sees the subthalamic nucleus upon the medial surface of the posterior limb of the internal capsule. In or near the gray matter bounding the third ventricle may be seen the anterior column of the fornix, the mammillothalamic fasciculus and the fasciculus retroflexus.



Figure 335 represents a typical horizontal section through the internal capsule. It was cut in a plane parallel to that of the preceding section and passes through the lower border of the interventricular foramen and through the habenular ganglion as

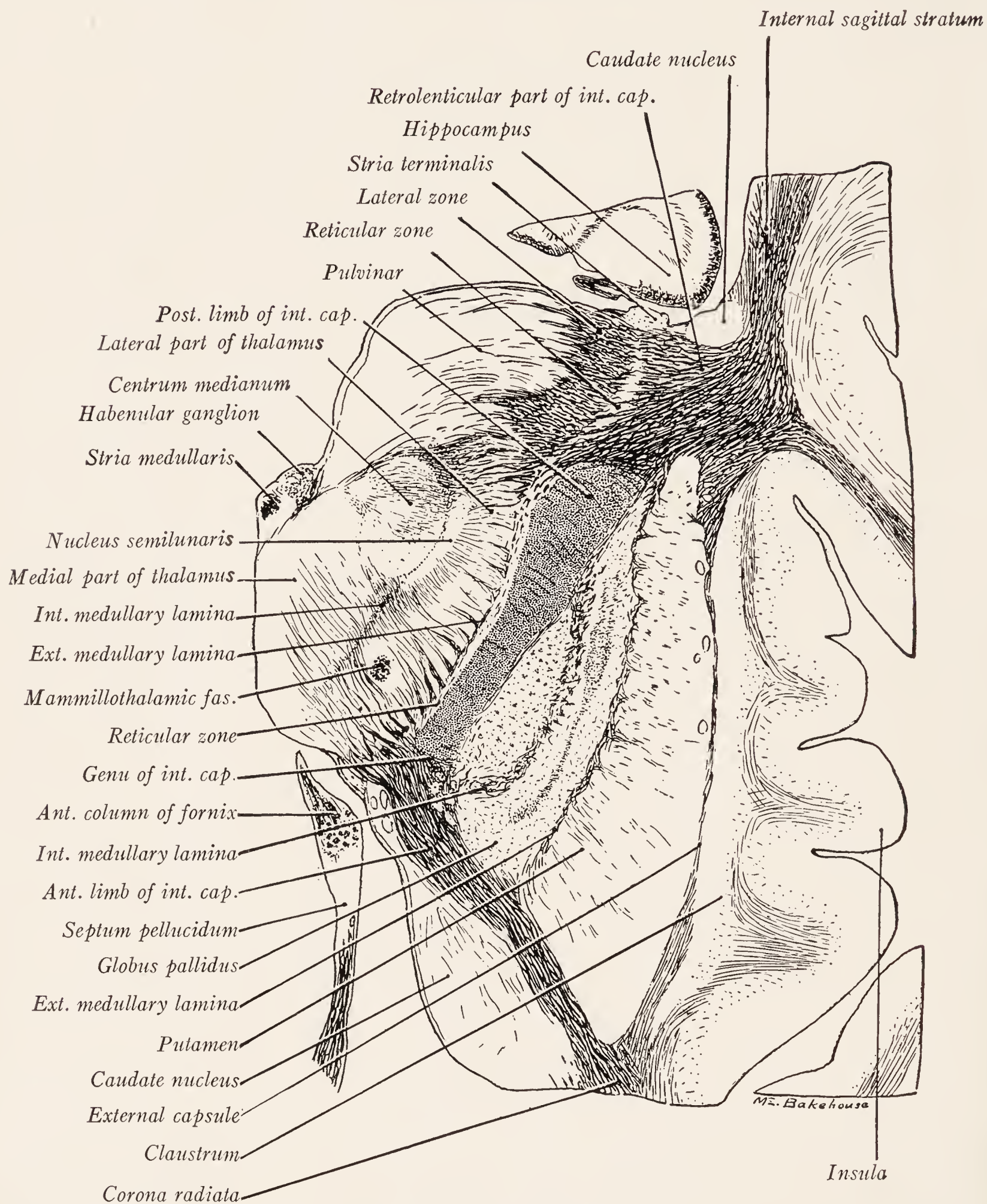


Fig. 335.—Section through the basal ganglia and internal capsule in the plane indicated by Figs 336 and 337. (Redrawn from Dejerine.)

indicated in Fig. 337, and through the anterior and posterior limbs, genu, and retro-lenticular portion of the internal capsule as indicated in Fig. 336. The anterior limb consists of nearly horizontal fibers which run in the plane of the section. It separates



the head of the caudate nucleus from the lentiform nucleus. The lenticulothalamic portion of the posterior limb separates the lentiform nucleus from the thalamus. Its fibers course vertically and are cut across in the section. The fibers of the retrolenticular portion are directed lateralward between the lentiform nucleus and the tail of the caudate nucleus, on the lateral side of which the fibers turn backward to join the

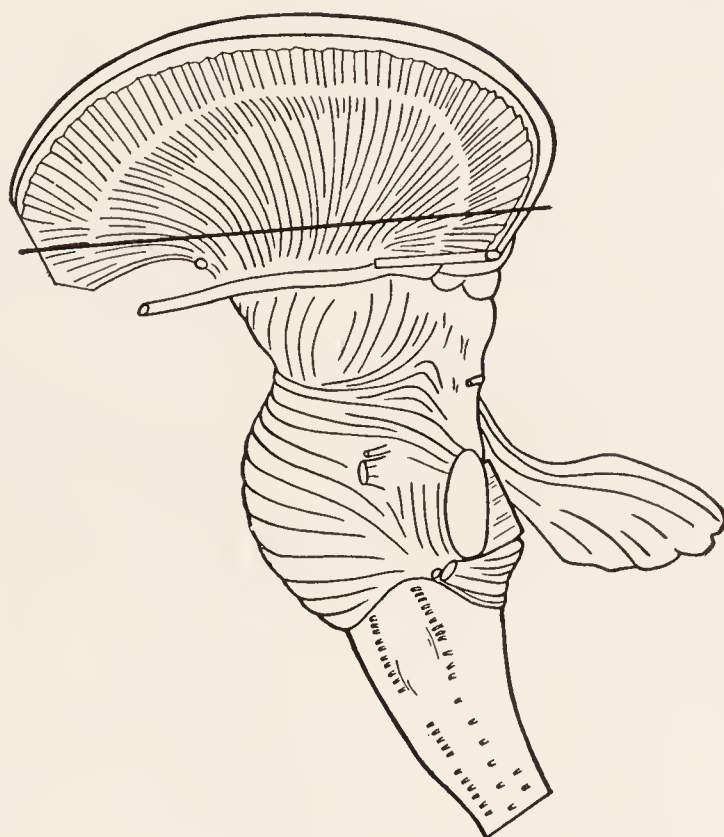


Fig. 336.

internal sagittal stratum. The lentiform nucleus is divided by medullary laminae into three segments, the outer of which is known as the putamen and the two inner form the globus pallidus. The putamen is separated from the claustrum by the external capsule and the claustrum lies in contact with the white substance underlying the insula. Several parts of the thalamus may be distinguished: namely, the pulvinar and the medial and

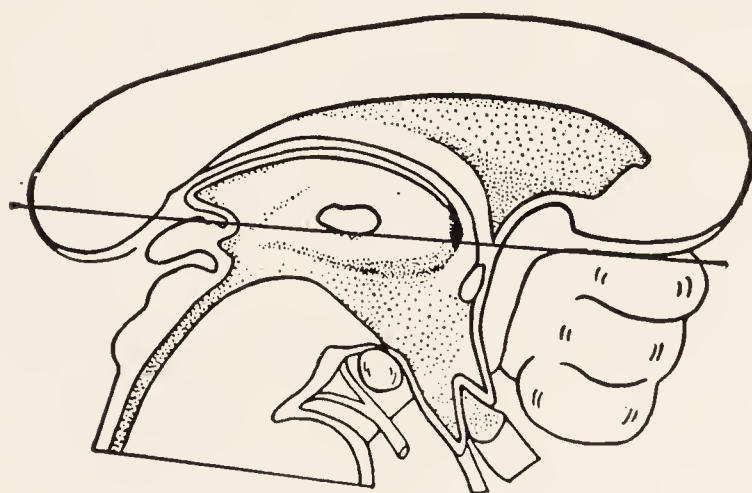


Fig. 337.

lateral parts of the thalamus, and, belonging to the ventral division of the lateral part the centrum medianum and the semilunar nucleus, the latter being known also as the posteromedial ventral nucleus. The medial and lateral parts are separated by the internal medullary lamina, and on the lateral side of the lateral part is the external medullary lamina. External to the pulvinar is the lateral zone of Wernicke. The external medullary lamina and the zone of Wernicke are separated from the internal capsule by the reticular zone.



Figure 338 was drawn from a horizontal section passing through the highest part of the interventricular foramen (Fig. 340), and through the internal capsule (Fig. 339) a short distance higher than the preceding section. In this as in the preceding section

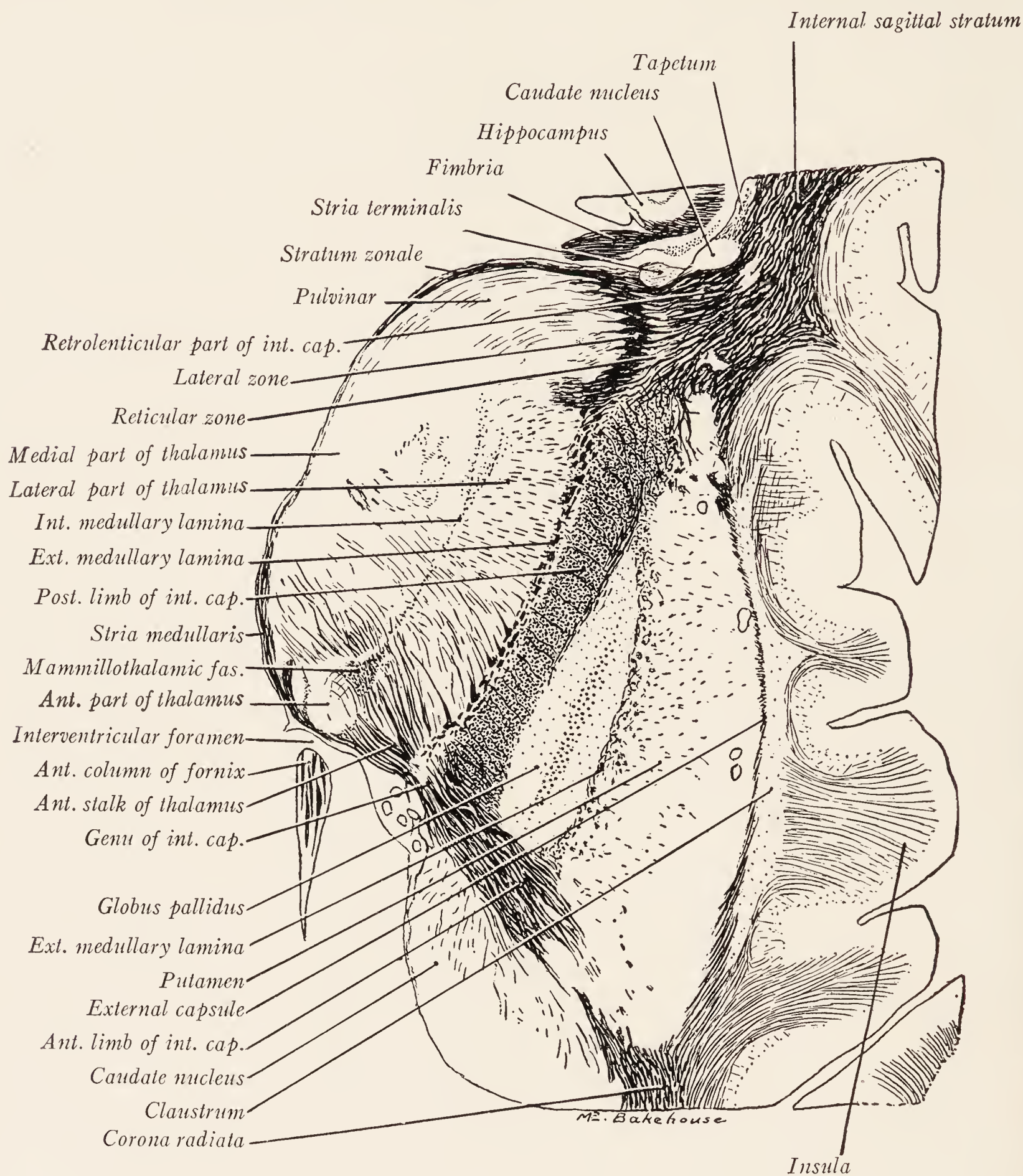


Fig. 338.—Section through the basal ganglia and internal capsule in the plane indicated by Figs. 339 and 340. (Redrawn from Dejerine.)

the lentiform nucleus is co-extensive with the insula, from which it is separated by the external capsule and the claustrum. The internal capsule has the same appearance as in the preceding section. In the thalamus one sees, in addition to the pulvinar, the medial, lateral, and anterior parts. The latter is situated at the anterior end of the



thalamus near its dorsal (superior) surface wedged in between the medial and lateral parts. The lateral zone of Wernicke is continuous with the stratum zonale, which covers

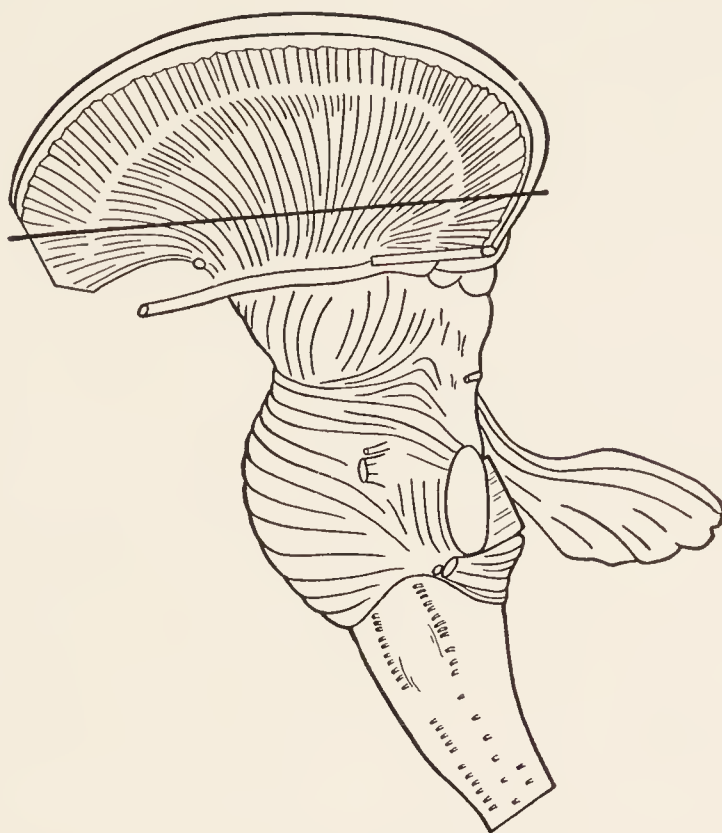


Fig. 339.

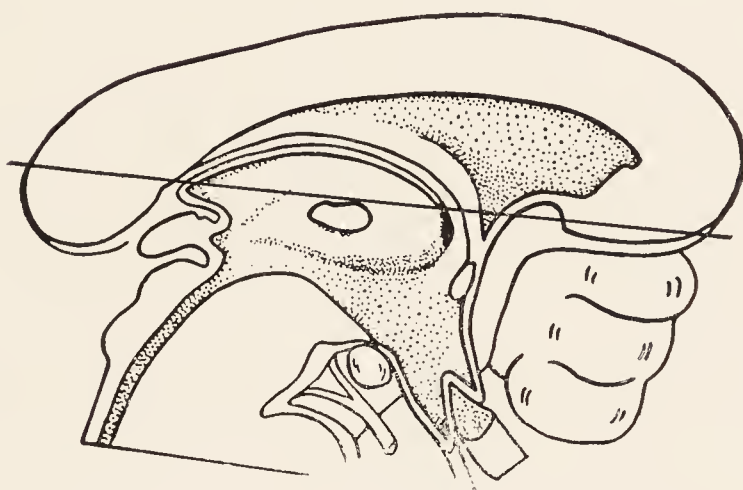


Fig. 340.

the lateral surface of the pulvinar, and with the external medullary lamina. The reticular zone forms a thin plate of gray matter upon the medial surface of the internal capsule from near the genu to the posterior extremity of its retrolenticular portion.



**Nuclei of the Brain Stem.**—The nuclei of the brain stem as seen in transverse sections are illustrated in a series of figures reproduced from Jacobsohn's (1909) monograph. The drawings are from preparations stained with toluidin-blue. While the figures have not been altered to any considerable extent the designation of the nuclei has been changed in many instances. The abbreviations listed below have been used throughout. Details as to the shape and structure of the cells in these nuclei can be found along with good illustrations in articles by Gagel and Bodechtel (1930), and Stern (1936).

abd	nucleus of abducens nerve
ac	nucleus of spinal root of accessory nerve
ac fac	accessory facial nucleus
amb	nucleus ambiguus
a post	area postrema
arc	arcuate nucleus
cen sup	nucleus centralis superior
c g	central gray matter
com	commissural nucleus
cun	nucleus cuneatus
d ac ol	dorsal accessory olivary nucleus
d c	dorsal cochlear nucleus
den	dentate nucleus
d mo vg	dorsal motor nucleus of vagus
d r	dorsal nucleus of the raphé
d tg	dorsal tegmental nucleus
E W	Edinger-Westphal nucleus
fac	nucleus of facial nerve
fast	fastigial nucleus
fr	formatio reticularis
fr a	nuclei of formatio reticularis alba
grac	nucleus gracilis
h	nucleus of hypoglossal nerve
if h	nucleus interfascicularis hypoglossi
if h'	rostral continuation of the nucleus interfascicularis hypoglossi
in	nucleus intercalatus
inf col	nucleus of inferior colliculus
inf ol	inferior olivary nucleus
infratri	infratrigeminal portion of lateral reticular nucleus
i pe	interpeduncular nucleus
l cun	lateral cuneate nucleus
l lem	nucleus of lateral lemniscus
l ret	lateral reticular nucleus
l tg pr	lateral tegmental process of pontile nuclei
l ve	lateral vestibular nucleus
m ac ol	medial accessory olivary nucleus
mag fr	magnocellular nucleus of reticular formation
mes V	mesencephalic nucleus of trigeminal nerve
m gen	medial geniculate body
mo fr	motor cells of formatio reticularis
mo tec	motor cells of tectum



mo tg pe	motor tegmentopeduncular nucleus
mo V	motor nucleus of trigeminal nerve
m tg pr	medial tegmental process of pontile nuclei
m ve	medial vestibular nucleus
oc	oculomotor nucleus
p	nuclei pontis
pa r	nucleus pallidus of raphé
p b	pontobulbar nucleus
pe p tg	pedunculopontile tegmental nucleus
periped	peripeduncular nucleus
peri vg	perivagal portion of lateral reticular nucleus
p fr a	perpendicular nucleus of formatio reticularis alba
pi c	pigmented cells
pi med o	nucleus pigmentosus of medulla oblongata
pi p	nucleus pigmentosus pontis
pi tg cbl	nucleus pigmentosus tegmentocerebellaris
pi tg p	nucleus pigmentosus tegmentopontilis
pm d	nucleus paramedianus dorsalis
prae	nucleus præpositus
r	nucleus of the raphé
R	nucleus of Roller
red	red nucleus
retrofac	retrofacial nucleus
retrotri	retrotrigeminal motor nucleus
ret tg	reticular tegmental nucleus
sen V	main sensory nucleus of trigeminal nerve
sol	nucleus of tractus solitarius
sp V	nucleus of the spinal tract of the trigeminal nerve
sp ve	spinal vestibular nucleus
st gr	stratum griseum
st lem	stratum lemnisci
st op	stratum opticum
sub n	substantia nigra
sup ol	superior olive
suprasp	supraspinal nucleus
sup ve	superior vestibular nucleus
tr b	nucleus of trapezoid body
tro	nucleus of trochlear nerve
v c	ventral cochlear nucleus
v tg	ventral tegmental nucleus

The nerve-cells of the brain stem may be grouped into four classes according to size. Very large cells with an average diameter of  $40\mu$  or more are found in the lateral vestibular nucleus, the magnocellular portion of the red nucleus and in the reticular formation dorsal to the dorsal accessory olive. Large cells with average measurements of 27 to  $40\mu$  are found in the lateral cuneate nucleus, ventral cochlear nucleus, mesencephalic nucleus of the trigeminal and in the motor nuclei supplying skeletal muscle (Fig. 142, hypoglossal nucleus). Medium sized cells averaging 16 to  $22\mu$  in diameter are found in the olivary, arcuate and pontile nuclei, the parvocellular portion of the red nucleus, the nucleus gracilis and cuneatus, the lateral reticular nucleus and in



the visceromotor nuclei such as the dorsal motor nucleus of the vagus (Fig. 142). Small cells with diameters less than  $15\mu$  are characteristic of the main sensory and spinal nuclei of the trigeminal nerve, the interpeduncular nucleus and the nucleus of the tractus solitarius (Fig. 142).

The column of large motor cells found in the anterior horn of the spinal cord is continued into the medulla oblongata forming the supraspinal, accessory and hypoglossal nuclei. In the lower levels of the medulla, where the decussation of the pyramids occurs, these large cells of the anterior horn are numerous and may be divided into two groups. The more lateral of the two is the *nucleus of the spinal root of the accessory nerve* (ac, Fig. 341) which can be followed caudally into the lateral part of the anterior horn of the cervical spinal cord. The medial group is the *nucleus supraspinalis* (suprasp, Figs. 341–344) which sends fibers into the ventral root of the first cervical nerve. It decreases in size as it is followed rostrally and ends where the hypoglossal nucleus begins. The cells within this column are of the large multipolar type with conspicuous dendrites. As seen in the cresyl violet preparations, their abundant cytoplasm is lightly stained and contains large discrete tigroid masses. Such cells are typical of nuclei supplying skeletal muscle (Fig. 141).

The substantia gelatinosa Rolandi of the spinal cord is continuous without change of structure with the *nucleus of the spinal tract of the fifth nerve* (sp V, Figs. 341–356). In sections caudal to the olive it is composed of closely packed small cells with little cytoplasm. On its outer surface and infiltrating the spinal tract of the trigeminal nerve are medium sized cells (nucleus marginalis). On its medial surface in the position occupied by the head of the posterior horn in the spinal cord is another scattered group of medium sized cells. At the level of the olive the nucleus becomes less well defined and irregularly triangular or oval in cross-section and is broken up into islands by longitudinal and transverse fiber bundles. Its histological appearance also changes. The small cells are less numerous and the medium sized cells are scattered indiscriminately or in small groups throughout its cross-section.

A few scattered cells of the *nucleus of the funiculus gracilis* (grac, Figs. 341–346) are found in that funiculus at the level of the lower end of the pyramidal decussation. These very gradually increase in number as the serial sections are followed rostrally. At the level of the middle of the decussation the *cuneate nucleus* makes its appearance in the form of a wedge projecting into the cuneate fasciculus from the ventral side (cun, Figs. 341–346).

In sharp contrast with the two preceding, the *lateral or accessory cuneate nucleus* (l cun, Figs. 343–350) is composed of large rounded or polygonal cells with deeply stained cytoplasm and small not very sharply defined Nissl bodies. These cells resemble those found in the nucleus dorsalis of the spinal cord. They send their fibers by way of the restiform body to the cerebellum. This nucleus, which occupies a position superficial to the cuneate nucleus, begins at the level of the caudal end of the olive and increases in size rostrally. Enlarging rapidly as the cuneate nucleus decreases in size, it underlies the developing restiform body. In Fig. 347 it forms a large triangular field dorsal to the nucleus of the spinal tract of the fifth nerve and at certain points as in Figs. 347 and 348 it projects as a column of cells through the restiform body and comes into relation with the pontobulbar nucleus.

The cells of the *lateral reticular nucleus* (l ret, Figs. 343–347) are scattered among the longitudinal fibers of the lateral funiculus between the nucleus of the spinal tract of the



fifth nerve and the olive. It is largest near its beginning at the lower border of the olive where it has in cross-section a triangular outline with apex directed medialward.

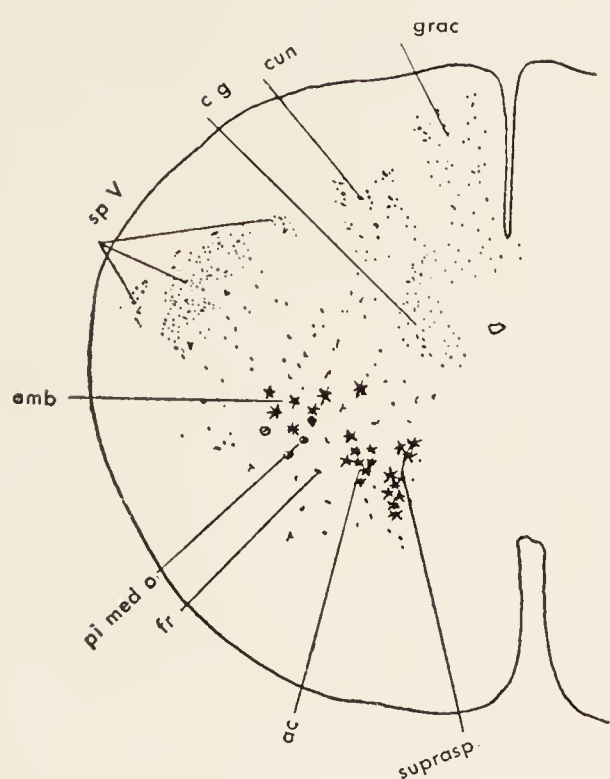


Fig. 341.

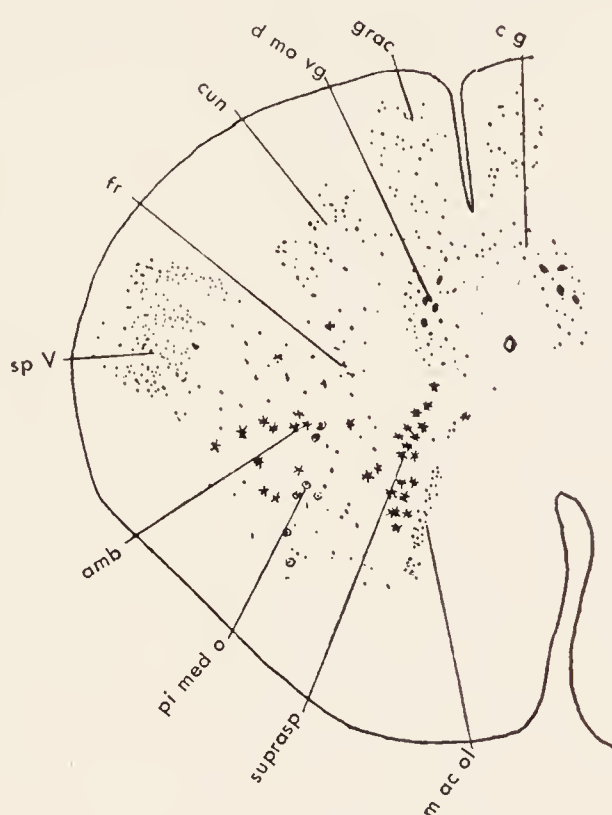


Fig. 342.

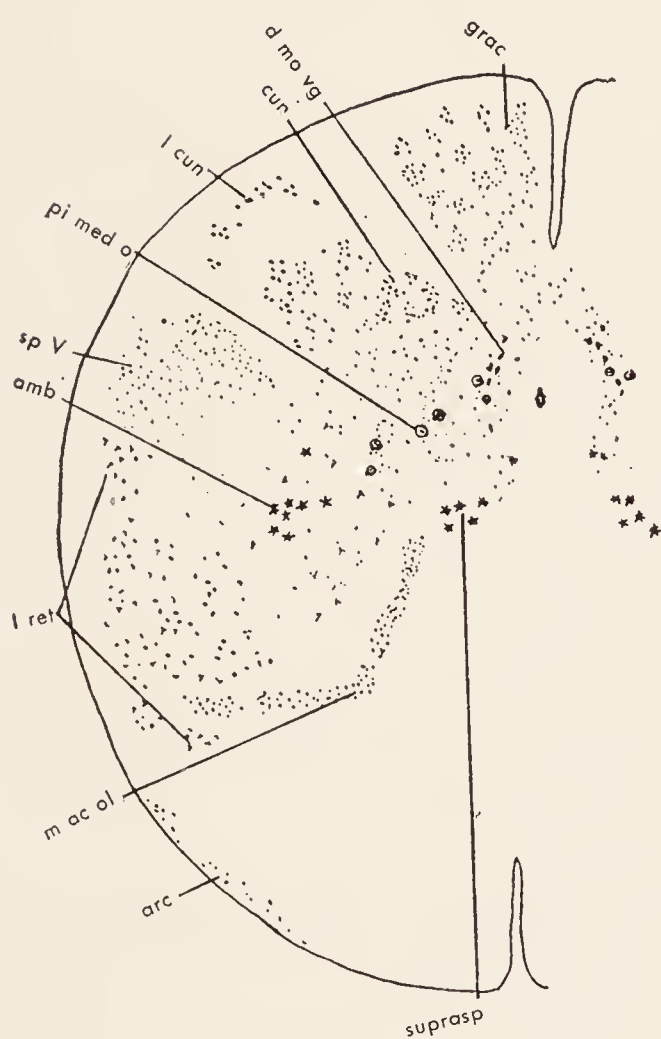


Fig. 343.

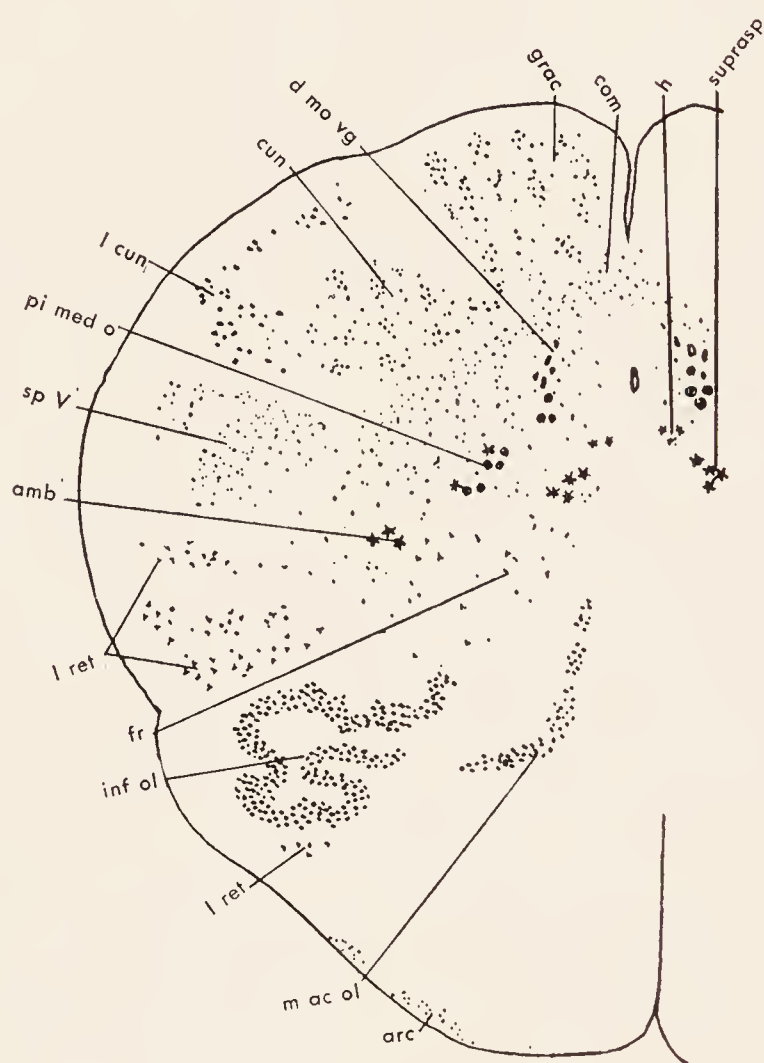


Fig. 344.

Figs. 341-344.—Sections through the medulla oblongata, showing the distribution of cell groups (Jacobsohn).

A few detached cells may lie in front of the inferior olivary nucleus (Fig. 344). More rostrally it decreases in size and lies deeper in the medulla on the dorsal side of the



olive. In its upper part the nucleus is broken up into smaller parts and changes form repeatedly due to the shifting relations of the fiber bundles of the reticular formation. Jacobsohn distinguishes as separate nuclei belonging to this group the nucleus infratrigeminalis (infratri, Fig. 348) and nucleus perivagalis (peri vg, Fig. 347) the cells of which are said to differ from those of the main group. In its lower part where the nucleus

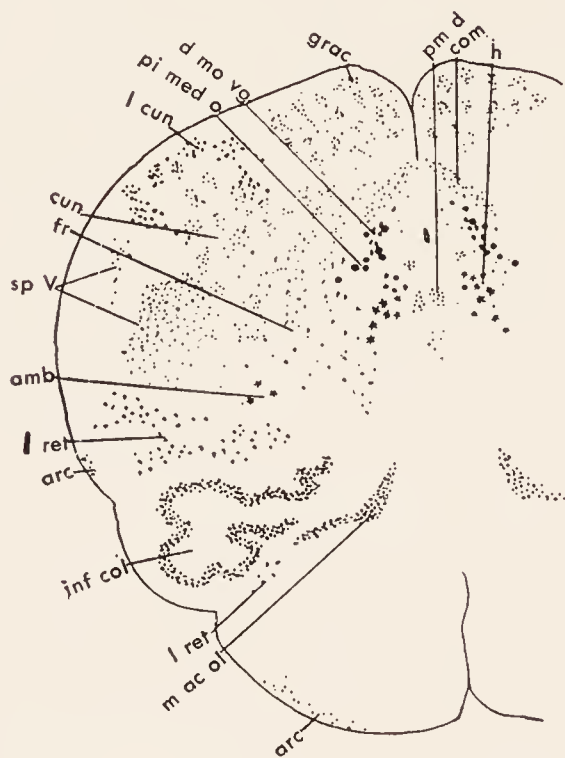


Fig. 345.

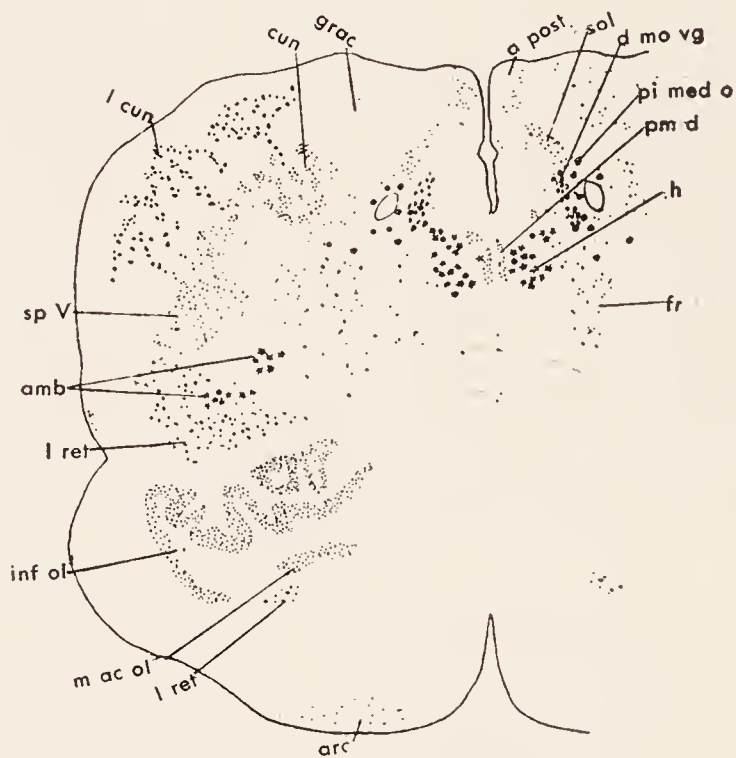


Fig. 346.

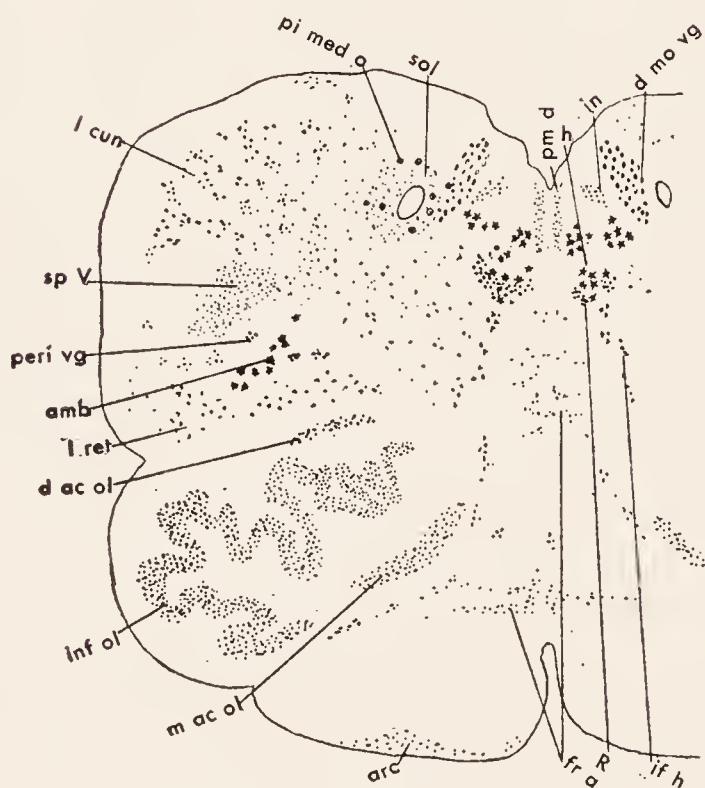


Fig. 347.

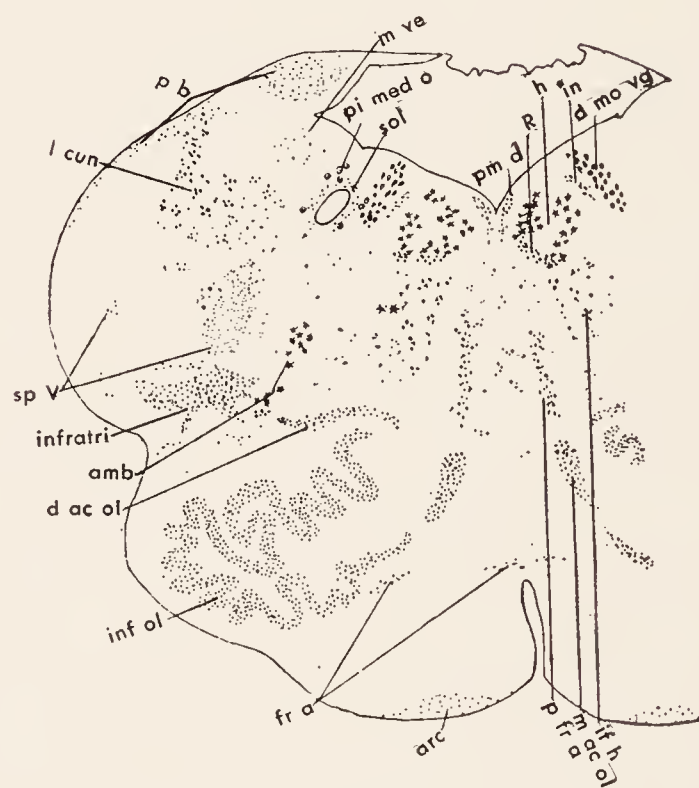


Fig. 348.

Figs. 345–348.—Sections through the medulla oblongata, showing the distribution of cell groups (Jacobsohn).

is largest it is composed of medium sized cells of various forms—triangular, fusiform, polygonal or pear shaped.

The *nuclei of the olive* are conspicuous features in sections through the upper part of the medulla. They are composed of medium sized cells, deeply stained, and rounded or polygonal in shape. These cells are rather closely grouped and the nuclei are sharply outlined. The *inferior olivary nucleus* (inf ol, Figs. 344–353) is the largest gray mass

in the medulla. It consists of a very extensive lamina of gray matter bent and folded on itself in the form of a crumpled sac with the mouth or hilus directed medially. The *medial accessory olivary nucleus* extends the farthest caudally. It appears first as a ventrodorsally directed plate on the medial side of the supraspinal nucleus (m ac ol, Fig. 342). At a little higher level this plate becomes bent on itself at a right angle and

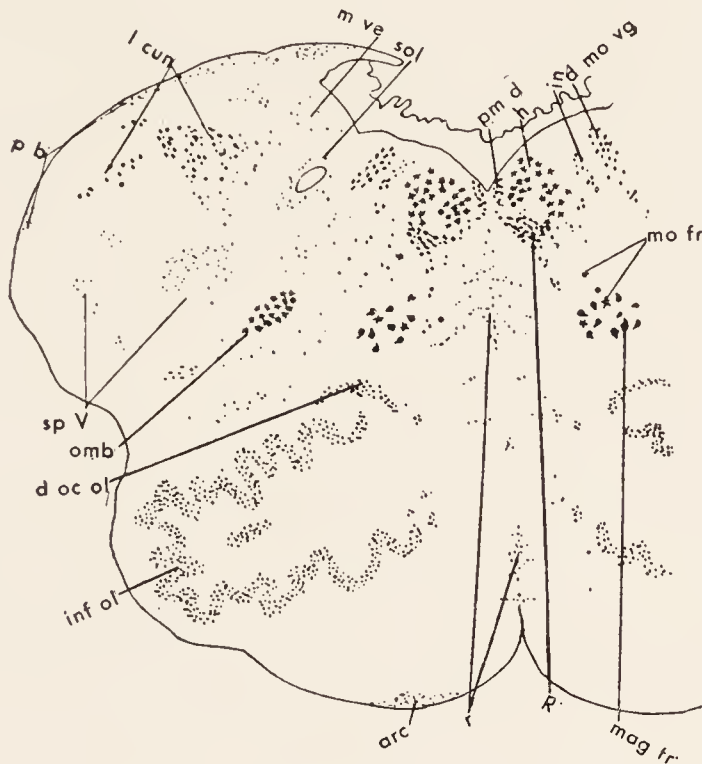


Fig. 349.

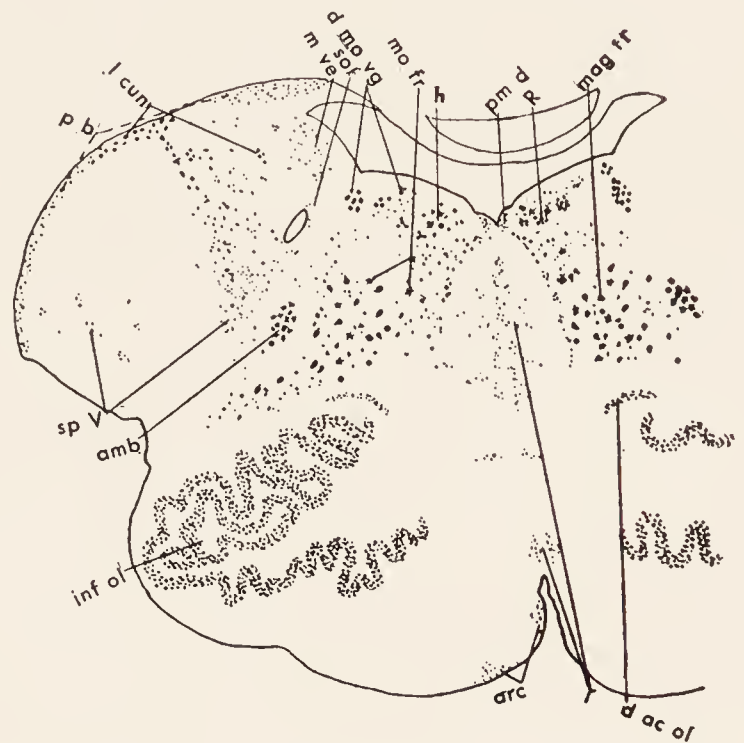


Fig. 350.

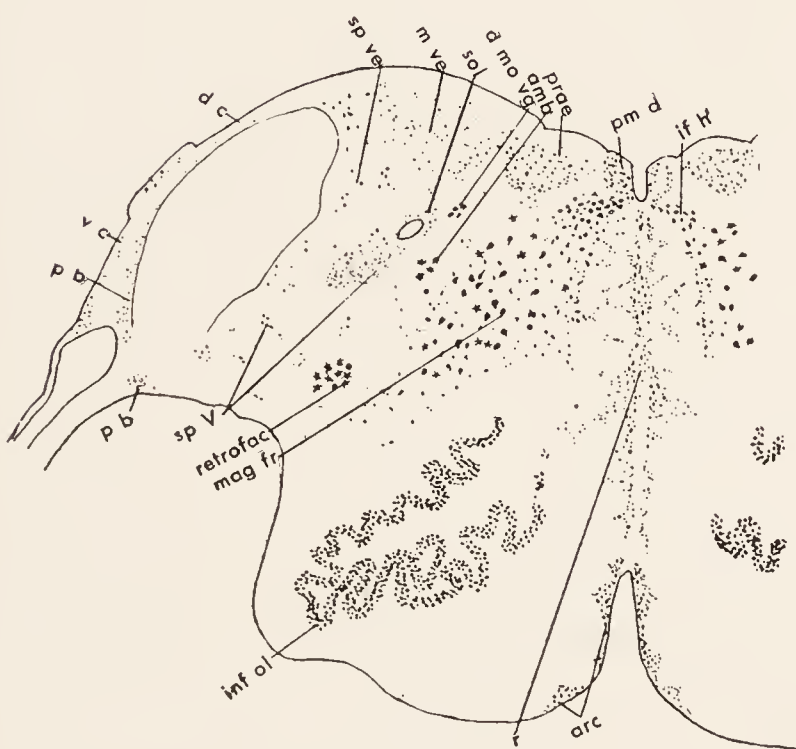


Fig. 351.

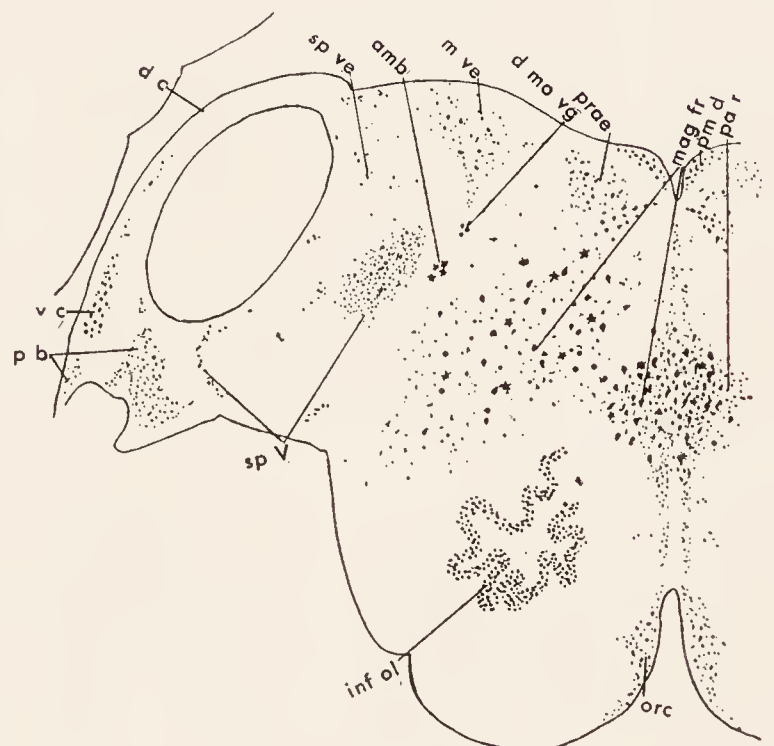


Fig. 352.

Figs. 349–352.—Sections through the medulla oblongata, showing the distribution of cell groups (Jacobsohn).

extends laterally under the lateral reticular nucleus (Fig. 343). Still higher it lies medial to the hilus of the inferior olivary nucleus (Figs. 344–348). At this point it is sometimes split into two parallel plates lying close together. The *dorsal accessory olive*, smaller than the preceding, forms a curved plate lying dorsal to the rostral part of the inferior olivary nucleus (d ac ol, Figs. 347–350).



The *arcuate nuclei* are irregular masses of gray matter lying on the surface of the pyramids from the caudal border of the olive to the pons (arc, Figs. 343–353). They

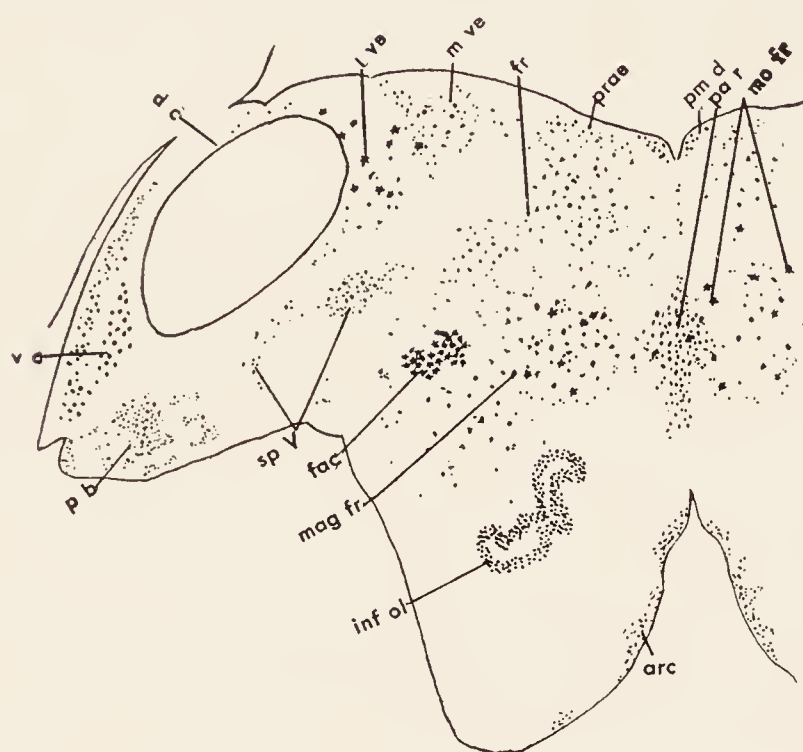


Fig. 353.



Fig. 354.



Fig. 355.

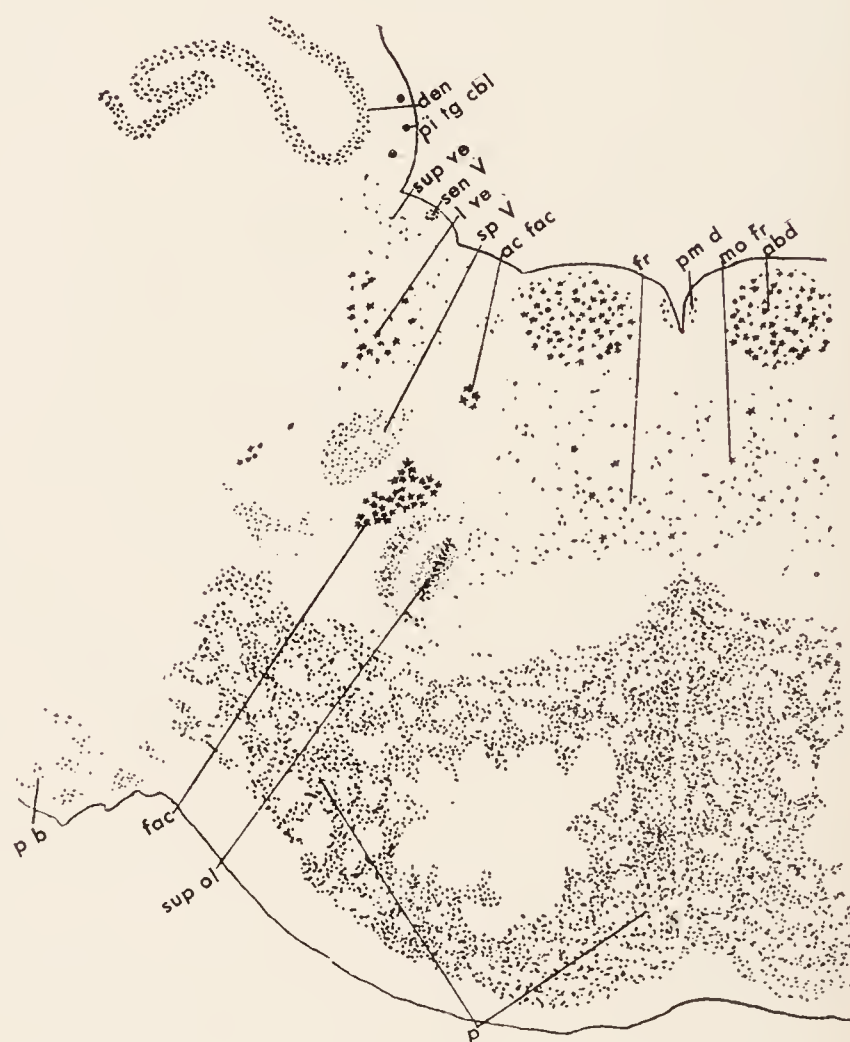


Fig. 356.

**Figs. 353–356.**—Sections through the rostral end of the medulla oblongata and the pons, showing the distribution of cell groups (Jacobsohn).

do not form a continuous sheet but rather a series of plaques. They are largest at the rostral end of the medulla, where, at least in some specimens, they are continuous

along the medial surface of the pyramids with the pontile nuclei which are composed of the same type of cells. The cells are of medium size, rounded or polygonal in outline, and closely packed together.

The *nucleus ambiguus* (amb, Figs. 341–352), which sends fibers into the ninth, tenth and eleventh nerves, is a slender column of cells extending the entire length of the medulla oblongata. It begins at the lower end of the medulla as scattered cells in the lateral part of the reticular formation ventromedial to the nucleus of the spinal tract of the trigeminal nerve. In some of the more caudal sections only one or two of these cells can be seen. In other sections larger clumps are visible in close proximity to bundles of fibers belonging to the roots of the vagus or bulbar portion of the accessory nerve. Toward the rostral end of the medulla the nucleus increases in size, shifts dorsomedially and, becoming smaller again, comes to lie close to the ventromedial side of the tractus solitarius (Fig. 351). It ends at the level of the cochlear nuclei where it is situated close to the dorsal motor nucleus of the vagus (Fig. 352). The cells are similar to those of the other motor nuclei supplying skeletal musculature—large multipolar cells with conspicuous dendrites, abundant lightly staining cytoplasm and large discrete Nissl bodies.

The *dorsal motor nucleus of the vagus* (d mo vg, Figs. 342–352) contains the cells of origin of general visceral efferent fibers, many of which reach that nerve through the bulbar rootlets of the accessory and its internal ramus. Like other general visceral efferent nuclei it is composed of medium sized cells with rather lightly stained cytoplasm and small but fairly discrete Nissl bodies (Fig. 141). Many of the cells are fusiform in shape. This nucleus begins at the level of the lower part of the sensory decussation as a few cells in the lateral part of the central gray matter. At the level of the caudal part of the hypoglossal nucleus these vagal cells become more numerous and the nucleus shifts dorsally with the central canal and finally comes to lie beneath the alacina in the floor of the fourth ventricle. Here it has in cross-section the shape of an elongated oval with long axis directed ventrolaterally from the ventricular floor. Its dorsal border lies close to the floor of the fourth ventricle and its ventral border intervenes between the nucleus of the tractus solitarius and the hypoglossal nucleus. In sections through the rostral end of the medulla it leaves the floor of the fourth ventricle and, greatly reduced in size, comes to lie close to the nucleus ambiguus and the nucleus of the tractus solitarius (Figs. 351, 352).

The *nucleus of the tractus solitarius* begins dorsal to the central canal at the level of the lower border of the olive. Here the nuclei of the two sides meet forming Cajal's commissural nucleus (com, Fig. 344). More rostrally the two nuclei form an inverted V with the apex at the posterior median fissure (Fig. 345) and then move ventrolaterally and become associated on each side with the tractus solitarius forming the nucleus of this tract (sol, Figs. 346–351). A few cells infiltrate this tract. At their upper end where the cochlear nucleus begins to appear, the tract and nucleus lie very close to the spinal nucleus of the fifth nerve (Fig. 351). Fibers from the tractus solitarius are distributed to all parts of its nucleus including the commissural portion. The taste fibers of the facial and glossopharyngeal nerves end in the rostral portion; only vagal fibers reach the caudal portion of the nucleus. The cells of the nucleus of the tractus solitarius are small, their cytoplasm is scanty and lightly stained, and the Nissl bodies are small and poorly defined. These cells resemble those seen in the nucleus of the



spinal fifth tract. In association with this and other vagal nuclei are found a few pigmented cells (nucleus pigmentosus of the medulla oblongata, pi med o).

The *nuclei salivatorii* cannot be recognized in sections of the normal brain stem and there is good reason to question the work of Kohnstamm (1902, 1903) since according to him these nuclei contain large cells and since all nuclei which are known to give rise to general visceral efferent fibers contain medium sized cells of the type seen in the dorsal motor nucleus of the vagus.

The *hypoglossal nucleus* (h, Figs. 344–350) represents the rostral continuation of the somatic motor column to which the supraspinal and accessory nuclei also belong. It begins at the level of the lower border of the olive in the ventral part of the central gray substance (Fig. 344) and extends to a point just caudal to the beginning of the cochlear nuclei, lying in the floor of the fourth ventricle close to the midline (Fig. 350). It is smaller at its two ends than in the middle part of its course. Its cells are of the same type as those of other nuclei supplying skeletal muscle, large multipolar cells with abundant lightly staining cytoplasm and large discrete Nissl bodies. Somewhat smaller cells are also present and lie predominantly in the medial part of the nucleus.

The *nucleus intercalatus* lies in the floor of the fourth ventricle between the hypoglossal nucleus and the dorsal motor nucleus of the vagus (in, Figs. 347–349). Its constituent cells vary in size and appearance. Most of the cells are small, but medium sized cells are found in clumps near its deep surface and in smaller numbers throughout the nucleus. The rostral end of the nucleus intercalatus is not well defined. It passes without sharp line of demarcation into the *nucleus præpositus* which Jacobsohn calls the nucleus of the funiculus teres. This nucleus begins where the hypoglossal ends and extends to a point near the abducens nucleus (prae, Figs. 351–355). The field occupied by the nucleus præpositus is often considered a part of the medial vestibular nucleus and is not marked off from that nucleus in Figs. 122, 293 and 295. The cells vary considerably in size and shape. They are mostly of medium size and stain rather lightly.

The *nucleus paramedianus dorsalis* (pm d, Figs. 345–356) is situated on either side of the midline ventral to the central canal and in the floor of the fourth ventricle. At the level of the cochlear nuclei and in the caudal part of the pons it is relatively large (Figs. 351–353) and is commonly known as the nucleus of the eminentia teres (Figs. 122 and 293). More rostrally it decreases in size and disappears at about the level of the facial nucleus. This column is interrupted at places and sometimes it is absent for a short distance on one side and present on the other. The cells are closely packed and of small size. They are rounded or fusiform in shape and are rather deeply stained with small poorly defined Nissl bodies.

*Nuclei of the Formatio Reticularis Grisea.*—Nerve-cells are scattered throughout the reticular formation but in certain regions they are much more numerous than in others. Several such accumulations of reticular cells are recognized. Some of these are located along the course of the root fibers of the hypoglossal nerve (nuclei interfasciculares hypoglossi, if h, Figs. 347, 348). At the level of the caudal border of the cochlear nuclei cells are found forming an arch over the median longitudinal fasciculus (if h') and joining the cells along the hypoglossal root with the nucleus of the *raphé* (r, Fig. 351). Ventral to the hypoglossal nucleus there is an accumulation of closely packed small cells forming the *nucleus of Roller* (also known as the small celled hypoglossal nucleus and as the nucleus sublingualis, R, Figs. 347–349). These cells send

their axons into the reticular formation, not into the hypoglossal nerve. Isolated large cells of the motor type are scattered through the reticular formation (nucleus motorius dissipatus formationis reticularis or motor cells of the formatio reticularis, mo fr, Figs.



Fig. 357.

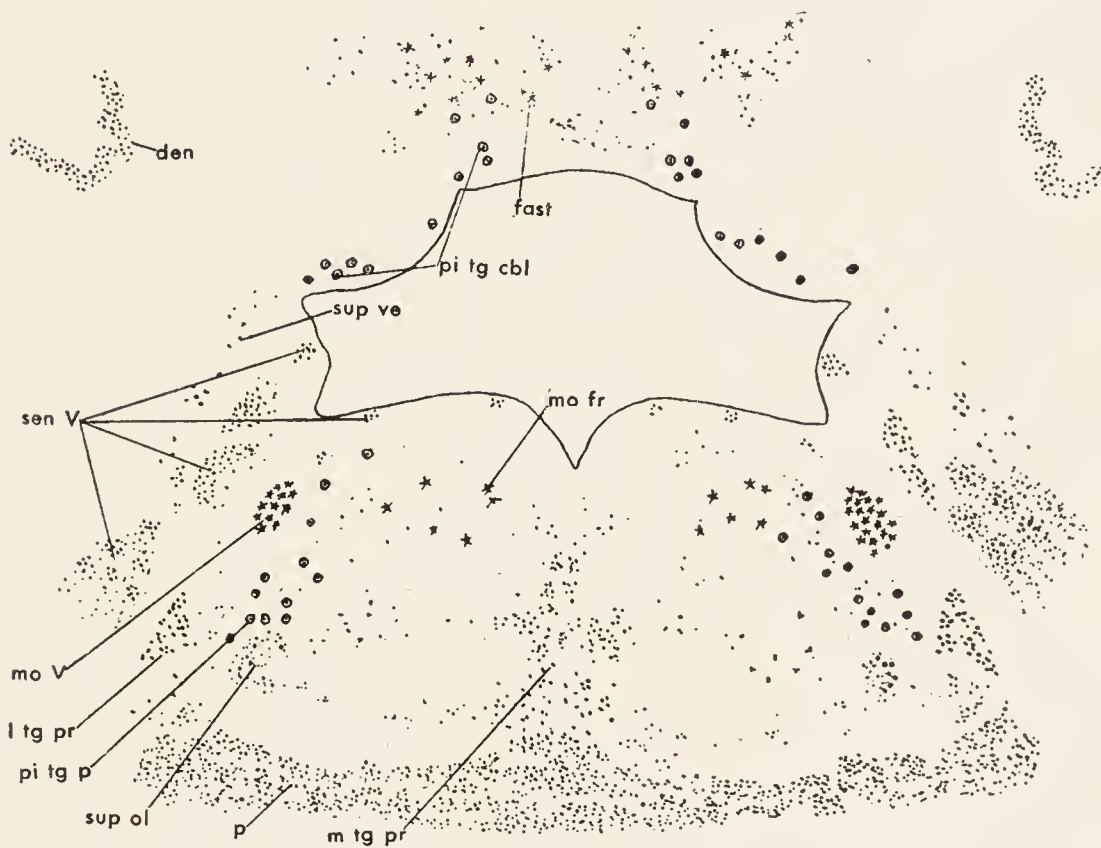


Fig. 358.

Figs. 357, 358.—Sections through the tegmental part of the pons and the walls of the fourth ventricle, showing the distribution of cell groups (Jacobsohn).

349, 350, 354–359). In the rostral part of the medulla there is an accumulation of very large cells situated dorsal to the olive, the magnocellular nucleus of the reticular formation (mag fr, Figs. 350–353). These giant cells are larger than the cells of the motor nuclei and have smaller, less discrete Nissl bodies.



*Nucleus of the Raphé and Formatio Reticularis Alba.*—Cells are found along the raphé and in lines extending lateralward into the formatio reticularis alba (fr a, Figs. 347, 348). A prominent group of these lies behind the pyramids and corresponds to Cajal's post-pyramidal nuclei. Another prominent group is seen dorsal to the medial accessory olive at about the middle of the medulla (perpendicular nucleus of formatio reticularis alba, p fr a, Fig. 348). At the upper end of the medulla cells accumulate in large numbers along the raphé (nucleus of the raphé, r, Figs. 350, 351). At the level of the cochlear nuclei an aggregation of pale cells along the raphé bulges laterally into the reticular formation (nucleus pallidus of the raphé, pa r, Figs. 352–354).

The *area postrema* (a post, Fig. 346) is an accumulation of glial cells along the lateral border of the caudal end of the fourth ventricle extending into and producing a thickening of the lateral margin of the roof of the ventricle. It has been torn away from the section represented in Fig. 347 but is partly responsible for the thickening in the ventricular roof shown in Fig. 348.

*Nucleus Pontobulbaris.*—Part of the thickening in the roof of the fourth ventricle shown in Fig. 348 is composed of medium sized nerve-cells. Similar cells form a band that can be followed laterally and then ventrally and rostrally along the surface of the restiform body (p b, Figs. 348–350). This band of cells lies under the caudal border of the ventral cochlear nucleus (Fig. 351) and joins a much larger accumulation of cells of the same type ventral to the restiform body (Figs. 352–355). The pontobulbar nucleus which, as indicated above, partly encircles the restiform body consists of closely packed medium sized cells similar to those of the pontile nuclei with which it appears to be continuous. The nucleus with its accompanying fibers forms the corpus pontobulbare (Figs. 100 and 114). The part which rests upon the dorsolateral surface of the restiform body has been called by Jacobsohn the nucleus marginalis corpus restiformis. In Cunningham's Anatomy, there is a diagram which shows the pontobulbar nucleus receiving a bundle of circumolivary pyramidal fibers and giving rise to other fibers that join the transverse bundles of the pons, suggesting that the pontobulbar body may represent an outlying part of the pons.

The *cochlear nuclei* are the nuclei of reception of the cochlear nerve. The ventral cochlear nucleus (v c, Figs. 351–353) lies lateral to the ventral part of the restiform body in close relation to the pontobulbar nucleus; and at a slightly more rostral level it is covered by the cerebellum forming a buried mass of gray matter which in cross-section has a triangular shape (Figs. 354, 355 and right side of Fig. 295). It is composed of closely arranged large round cells with darkly staining cytoplasm and small Nissl granules. The unstained spaces occupied by these cells give the nucleus its characteristic lacy appearance in Weigert preparations (Fig. 122). The dorsal cochlear nucleus rests upon the dorsolateral aspect of the restiform body (d c, Figs. 351–353). Its cells are of an entirely different type than those in the ventral nucleus. They are much smaller and fusiform in shape. They lie among and with their long axes parallel to the bundles of auditory fibers of the second order which curve around the restiform body. Among these are some medium sized polygonal cells which stain less heavily than the cells of the ventral cochlear nucleus.

*Vestibular nuclei*, four in number, are arranged as shown in Fig. 151. At the point where the vestibular nerve reaches the gray matter beneath the floor of the fourth ventricle many large cells are seen. These constitute the *lateral vestibular nucleus* (l ve,

Fig. 353). Along the course of the vestibular nerve as it penetrates the brain stem small groups of similar cells are scattered (Figs. 354, 355). This nucleus extends rostrally to the level of the nucleus of the abducens nerve (Fig. 356). The cells are multipolar and very large. They differ from those found in the motor nuclei in that they



Fig. 359.

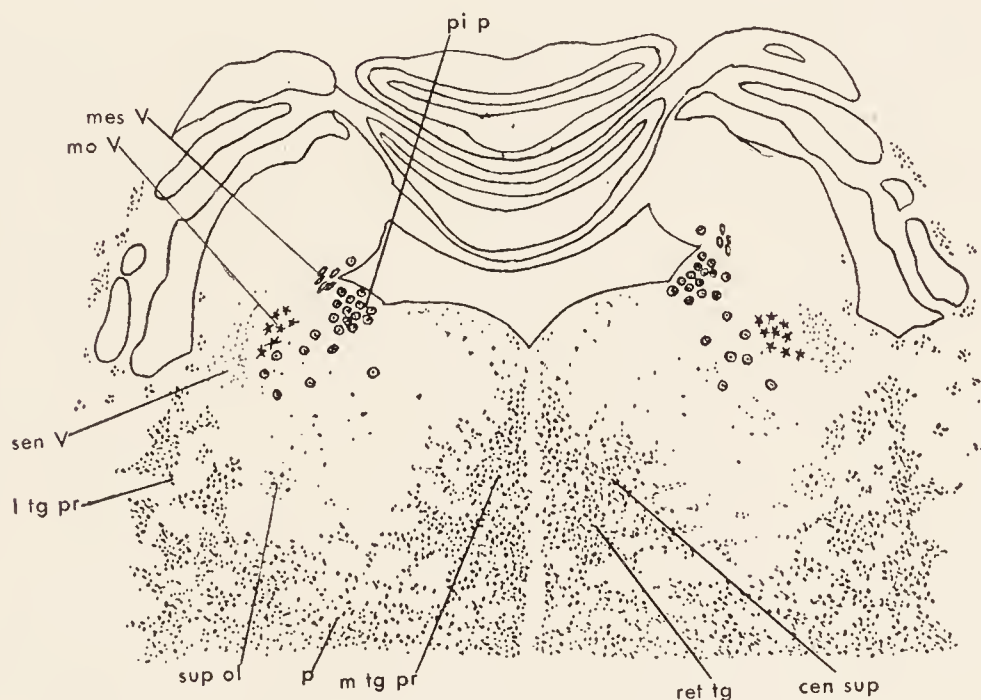


Fig. 360.

Figs. 359, 360.—Sections through the tegmental part of the pons and the walls of the fourth ventricle, showing the distribution of cell groups (Jacobsohn).

are larger, their cytoplasm is more heavily stained, and the Nissl bodies are less sharply defined.

Throughout its extent the descending vestibular root contains a meshwork of gray matter in which are found small and medium sized cells in a loose arrangement. These cells vary greatly in shape and their cytoplasm stains rather deeply. They constitute the *spinal vestibular nucleus* (sp ve, Figs. 351, 352).

The *medial vestibular nucleus* (m ve, Figs. 348–354) lies in the floor of the fourth



ventricle, medial to the lateral and spinal vestibular nuclei and lateral to the nucleus præpositus. At lower levels it lies lateral to the nuclei of the vagus nerve. It is composed of small and medium sized cells of various shapes. At its rostral end it becomes reduced in size and is continuous with the superior nucleus.

The *superior vestibular or angular nucleus* lies in the angle between the pons and cerebellum (sup ve, Figs. 355–358). It is continued rostrally as far as the caudal border of the motor nucleus of the trigeminal nerve. It is composed of cells which resemble those found in the spinal nucleus—small and medium sized cells of various shapes.

*Nuclei of the Trapezoid Body.*—According to Jacobsohn there are two small trapezoid nuclei one directly ventral to the facial nucleus and the other somewhat more lateral (tr b, Fig. 354). The cells are small and polygonal and embedded in a dense glial feltwork.

The *superior olivary nucleus* (sup ol, Figs. 355–360) extends from the level of the facial nucleus to that of the motor nucleus of the trigeminal. It is largest at its caudal end where it lies ventromedial to the facial nucleus. Here it is composed of two groups of cells. Medially there is a very compact group forming a thin flat plate directed dorsoventrally, indicated by a dark line in the figures. This is surrounded by a dense feltwork of glia which gives this mass its oval form. More laterally there is a curved plate of more diffusely arranged cells which partly surrounds the preceding. The cells are of medium size and contain very large sharply defined tigroid masses. In the flat plate of the medial group the cells are fusiform in shape and densely packed together. This characteristic group of cells can be followed rostrally, decreasing in size, to the level of the motor nuclei of the trigeminal nerve.

The *facial nucleus* is situated ventromedial to the nucleus of the spinal tract of the fifth nerve and is found in the most rostral level of the medulla oblongata and in the caudal part of the pons (fac, Figs. 353–357). It is composed of large multipolar cells with lightly staining cytoplasm and large sharply defined Nissl bodies, similar to the cells found in the other nuclei supplying skeletal muscle. Small isolated groups of similar cells are found somewhat farther dorsally (ac fac, Figs. 355, 356; retrotri, Fig. 357) and these seem to represent a bridge between the facial and motor trigeminal nuclei. Caudal to the facial nucleus in the medulla is a small group of large cells which differ in size and appearance from those of the nucleus ambiguus which at this level is deeply situated near the tractus solitarius. This group has been called by Jacobsohn the nucleus retrofacialis (retrofac, Fig. 351).

The *abducens nucleus* (abd, Figs. 356, 357) helps to form the facial colliculus in the floor of the fourth ventricle. It is a large spherical mass of cells not far from the midline but separated from it by the genu of the facial nerve. It is composed of cells of the type usually found in nuclei supplying skeletal muscle.

The *nuclei of the trigeminal nerve* are shown diagrammatically in Fig. 126. The *nucleus of the spinal tract* of the fifth nerve has already been described. It can be followed rostrally to the point where the more caudal fibers of the fifth nerve join the spinal fifth tract. Here (Fig. 357) it becomes reduced in size and broken up into small islands which form the transition between the spinal and the main sensory nucleus. Along the dorsomedial border of this transitional zone and extending rostrally in a similar relation to the main sensory nucleus, there is a nuclear column characterized by a dense feltwork of fine myelinated fibers and a paucity of cells which forms, in Weigert

sections, a very characteristic feature of this zone of transition (Fig. 299, three light spots dorsomedial to the spinal fifth tract).

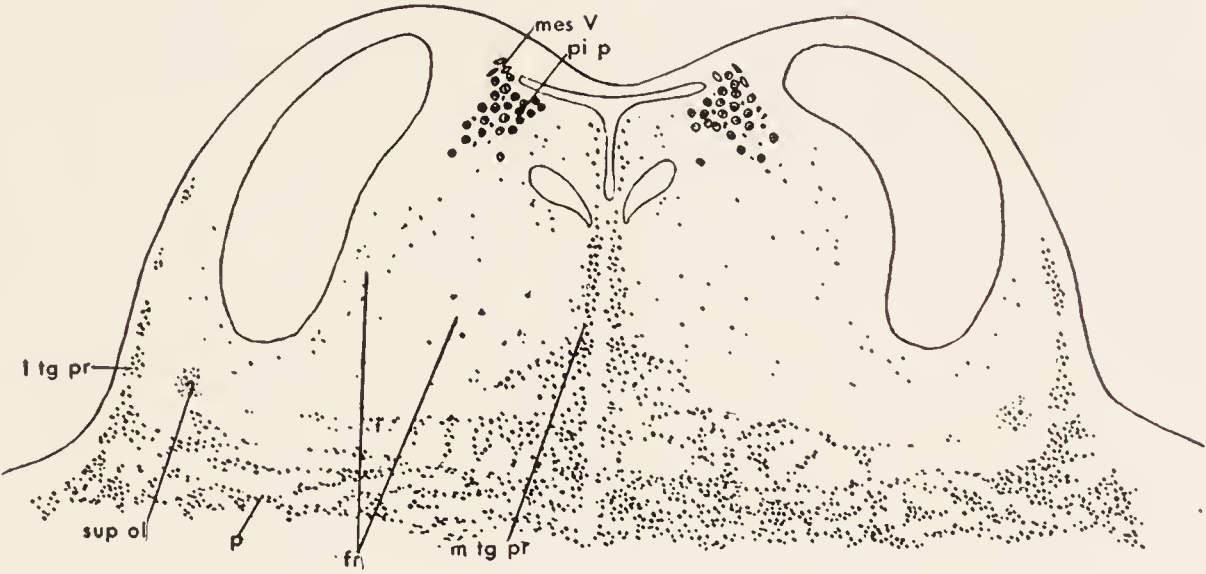


Fig. 361.

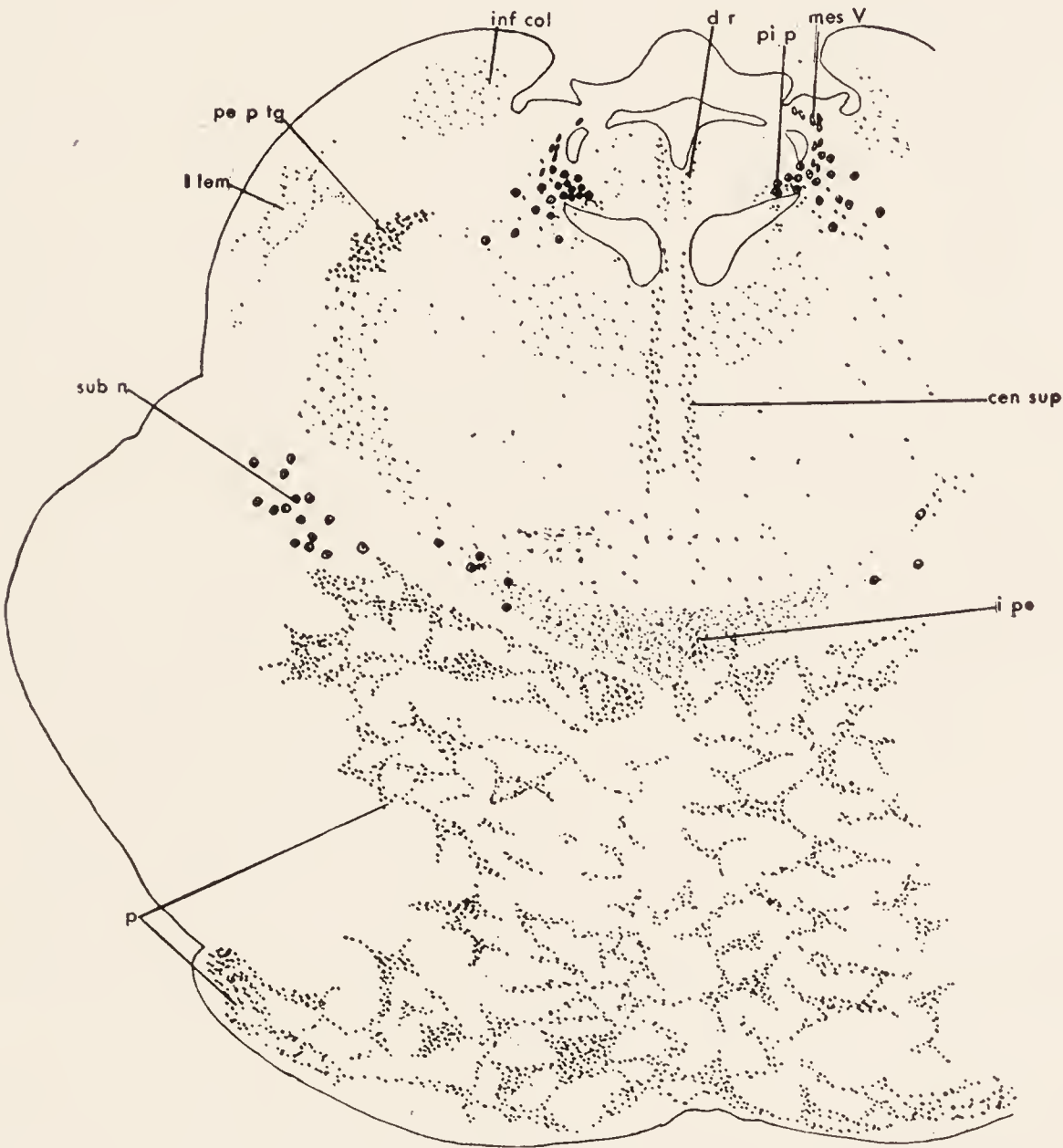


Fig. 362.

Figs. 361, 362.—Sections through the rostral end of the pons, showing the distribution of cell groups (Jacobsohn).

At the level where the motor fifth nucleus begins to appear the sensory column increases in size and becomes more compact and forms on the dorsolateral side of the motor fifth nucleus the *main sensory nucleus of the trigeminal nerve* (sen V, Figs. 358–



360). It may be questioned whether the cell groups shown by Jacobsohn close to the floor and lateral wall of the fourth ventricle (Fig. 358) actually belong to the trigeminal nerve. The main sensory nucleus consists of small rather closely packed cells.

The *motor nucleus of the trigeminal nerve* forms a well defined oval mass situated on the ventromedial side of the main sensory nucleus (mo V, Figs. 358–360). It is composed of large multipolar cells of the skeletal motor type.



Fig. 363.—Section through the transition between pons and mesencephalon, showing the distribution of cell groups (Jacobsohn).

The *mesencephalic nucleus of the trigeminal nerve* is composed of large oval or round cells devoid of dendrites with deeply staining cytoplasm and fine, not very discrete Nissl bodies. It begins at the upper border of the motor and main sensory nuclei and is continued rostrally as a very slender, frequently interrupted column close to the lateral angle of the rostral part of the fourth ventricle (mes V, Figs. 359–361) and in the lateral part of the central gray surrounding the cerebral aqueduct (Figs. 362–365) to the level of the superior colliculus. It lies dorsal to the nucleus pigmentosus pontis of the locus cœruleus.

The *pontile nuclei* are large accumulations of medium sized rounded or polygonal, deeply staining, finely granular cells which are closely packed together. Near the caudal border of the pons these nuclei form a ring around the pyramid (Fig. 355). More rostrally they are separated into islands by the longitudinal and transverse fibers of the pons (Fig. 362). In Figs. 357–361 only those cells which lie close to the tegmentum are shown.

According to Jacobsohn, nuclear masses continuous with the pontile nuclei project into the tegmental portion of the upper part of the pons. He distinguishes two of these



Fig. 364.—Section through the mesencephalon at the level of the trochlear nucleus, showing the distribution of cell groups (Jacobsohn).

projections on each side, one near the midline and the other extending into the lateral part of the tegmentum. The medial tegmental process (m tg pr, Figs. 358–361) includes what are usually known as the reticular tegmental nucleus (ret tg), the superior central nucleus (cen sup) and possibly the ventral tegmental nucleus. Papez (1926) has shown that fibers from the reticular tegmental nucleus and perhaps also from the superior central nucleus run by way of the deep transverse fibers of the pons to the cerebellum. The lateral tegmental process (l tg pr, Figs. 358–361) projects dorsalward into the lateral part of the tegmentum.



*Tegmental and Reticular Nuclei.*—The *reticulotegmental nucleus* (ret tg, Figs. 359, 360) resembles the pontile nuclei. It lies near the midline medial and dorsal to the medial lemniscus. Dorsal to it and spreading laterally into the reticular formation is the superior central nucleus (cen sup, Figs. 359, 360). It is composed of medium sized cells. Ventral to the medial longitudinal fasciculus is a group of cells of medium size which is known as the *ventral tegmental nucleus*. In the caudal part of the mesencephalon there is found within the central gray matter a group of cells upon the dorsal surface of the medial longitudinal fasciculus. This is known as the *dorsal tegmental*



Fig. 365.—Section through the mesencephalon at the level of the oculomotor nucleus, showing the distribution of cell groups (Jacobsohn).

*nucleus* (d tg, Fig. 363). The area designated by this name in Figs. 363–365 was labeled supratrochlear nucleus by Jacobsohn. It includes in addition to the dorsal tegmental nucleus other cell groups such as that designated by Marburg as the lateral nucleus of the aqueduct. At the level of the dorsal tegmental nucleus and more caudally in the region of transition between the fourth ventricle and aqueduct a lamina of cells is found within the central gray matter on each side of the midline. This is the *dorsal nucleus of the raphé* (d r, Fig. 362).

At the junction of the pons and mesencephalon the cells of the reticular formation are displaced laterally by the decussation of the brachium conjunctivum producing

at this level a rather dense accumulation of medium sized cells, the *pedunculopontile tegmental nucleus* (pe p tg, Figs. 362, 363). In the mesencephalon small groups of large multipolar cells are found in the tegmentum between the midline and the red nucleus, the *motor tegmentopeduncular nucleus* (mo tg pe, Figs. 364, 365).

*Nucleus of the Lateral Lemniscus.*—At about the level of the decussation of the trochlear nerve there is found in the course of the lateral lemniscus a meshwork of gray matter which is known as the *nucleus of the lateral lemniscus* (l lem, Fig. 362). Within the strands of this gray mesh are seen medium sized cells, many of which are fusiform in shape.

The *nucleus pigmentosus pontis* consists of polymorphous cells whose cytoplasm contains brown pigment. These cells are too large to be described as medium sized but not as large as those of the adjacent mesencephalic nucleus of the fifth nerve. The main mass of these cells forms the pigmented nucleus of the locus cœruleus (pi p, Figs. 360–364). It lies at the lateral angle of the rostral part of the fourth ventricle and in the mesencephalon along the lateral border of the medial longitudinal fasciculus. The nucleus decreases in size as it is followed rostrally. Scattered pigmented cells which appear to form extensions of this nucleus are found in the lateral part of the tegmentum of the pons (Figs. 357–359, pi tg p, nucleus pigmentosus tegmentopontilis) and in the cerebellum close to the lateral part of the roof of the fourth ventricle (Figs. 357–359, pi tg cbl, nucleus pigmentosus tegmentocerebellaris).

The *red nucleus* (red, Figs. 364, 365) consists of two parts. The *magnocellular portion*, not represented in these drawings, is small and rudimentary in man and represented by very large multipolar cells in the brachium conjunctivum at the level where this is penetrated by the most caudal fibers of the third nerve, *i. e.*, just caudal to the level where the red nucleus becomes clearly evident. What is ordinarily known as the red nucleus in the human brain is the *parvocellular portion*, a large cylindrical column of gray matter extending rostrally into the subthalamus. It is composed of medium sized cells. In lower forms, the cat for instance, the magnocellular part constitutes almost the entire red nucleus and the parvocellular portion is difficult to find.

The *substantia nigra* (sub n, Figs. 362–365) is a thick plate of gray matter resting upon the deep surface of the basis pedunculi and extending from the rostral border of the pons into the subthalamus. It contains an accumulation of large pigment cells which for the most part do not rest upon the deep surface of the basis pedunculi but form a compact but irregular and broken lamina that is separated from the basis by a thick layer of gray matter which contains scattered nerve-cells. The layer of closely packed cells is known as the *pars compacta*. It is illustrated and labeled in Figs. 362–365 as if it constituted the entire substantia nigra. The scattered cells between the *pars compacta* and the basis pedunculi constitute the *pars reticularis*. It is represented by a few dots in Fig. 365 but is not represented at all in the other figures. As a result the basis pedunculi appears too massive. Some cells of the *pars reticularis* infiltrate the deep surface of the basis pedunculi. Pigmented cells are found not only in the substantia nigra but also scattered through the medial part of the tegmentum (pi c, Figs. 364, 365).

The *interpeduncular nucleus* lies in the floor of the interpeduncular fossa at the rostral border of the pons (i pe, Figs. 362–364). It is composed of small pale cells.

In the inferior colliculus of the corpora quadrigemina there is a large gray mass composed of small cells among which there are also a few of medium size. This is the



*nucleus of the inferior colliculus* (inf col, Figs. 363, 364). Within the superior colliculus there are three not very well defined gray lamina composed for the most part of small cells. Scattered through the middle layer and to a much less extent through the other two are some large cells of the motor type. These three layers correspond from within outward to the *stratum lemnisci*, *stratum opticum* and *stratum griseum*, respectively (Fig. 365). Superficial to these three layers and immediately beneath the tangential fibers of the stratum zonale there is a thin layer of small fusiform cells with long axes parallel to the surface of the colliculus.

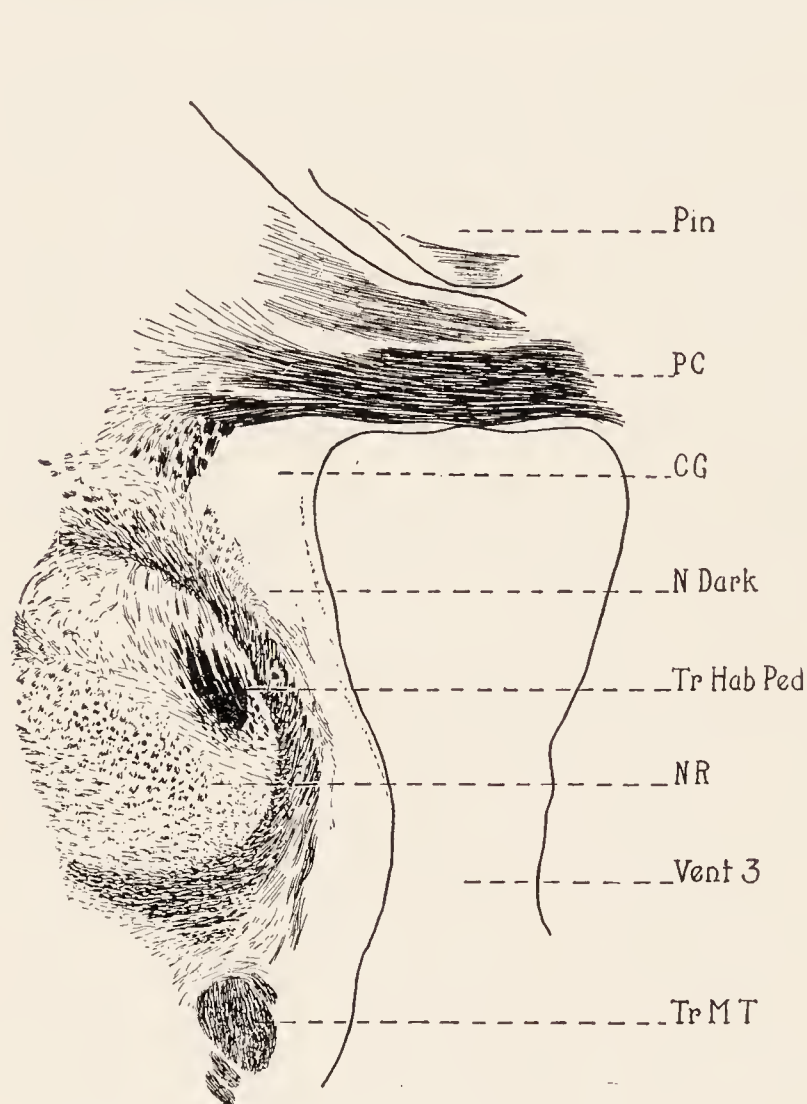


Fig. 366.

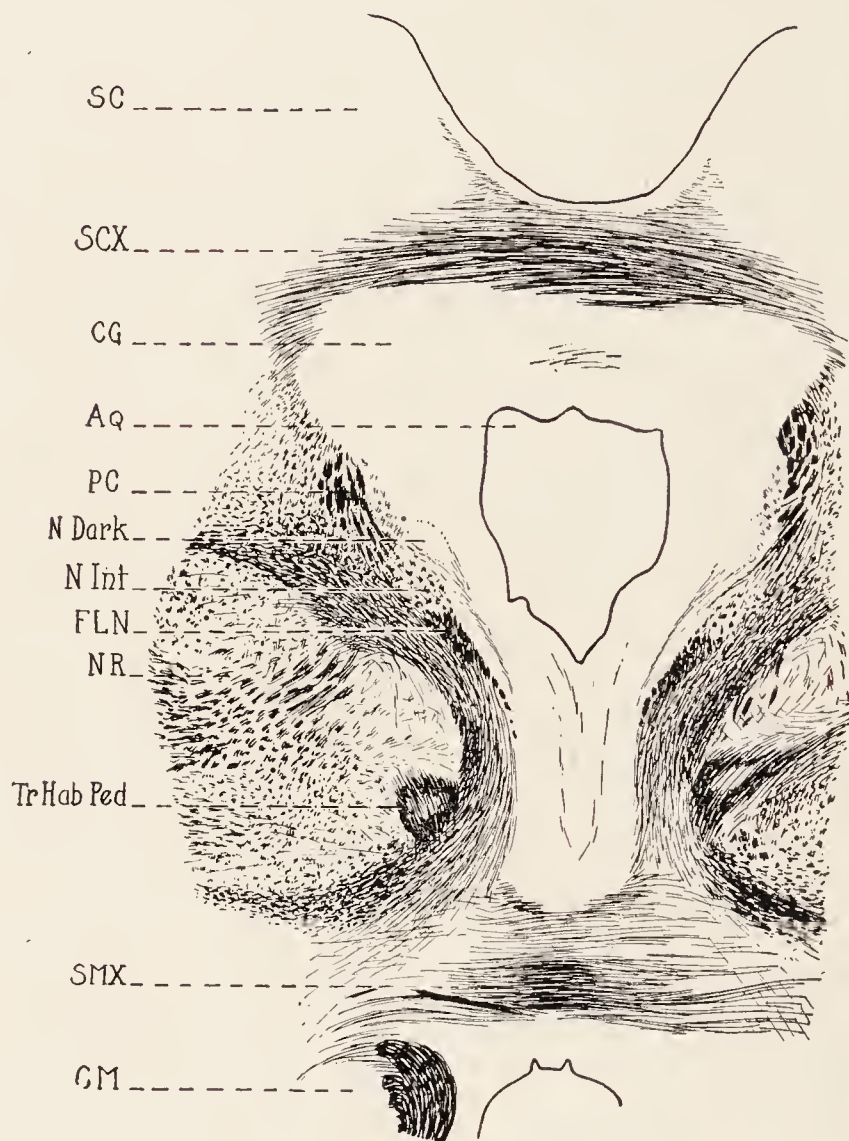


Fig. 367.

Figs. 366, 367.—Sections showing the nucleus of Darkschewitsch and the interstitial nucleus. *AQ*, Aqueduct; *CG*, central gray; *CM*, mammillary body; *FLN*, medial longitudinal fasciculus; *N Dark*, nucleus of Darkschewitsch; *N Int*, interstitial nucleus; *NR*, red nucleus; *PC*, posterior commissure; *Pin*, pineal body; *SC*, superior colliculus; *SCX*, commissure of superior colliculus; *SMX*, supramammillary decussation; *Tr Hab Ped*, tractus habenuropeduncularis; *Tr M T*, tractus mamillothalamicus; *Vent 3*, third ventricle. Drawings by Ingram.

The *trochlear nucleus* is embedded in the dorsal surface of the medial longitudinal fasciculus at the level of the inferior colliculus (tro, Fig. 364). It is composed of large multipolar cells of the type which supplies skeletal muscle. At its rostral extremity it becomes reduced to two or three cells and then after a few sections becomes continuous with the oculomotor nucleus. The figures in Jacobsohn's monograph do not adequately represent the oculomotor nuclei nor the nuclei associated with the rostral end of the medial longitudinal fasciculi.

The *oculomotor nuclei* lie in the trough formed by the medial longitudinal fasciculi. They are illustrated in Fig. 137.

The *nucleus of Darkschewitsch* lies at the edge of the central gray dorsomedial



to the red nucleus at the point of transition between the third ventricle and aqueduct (Figs. 366, 367). Between it and the red nucleus lies the interstitial nucleus among the scattered fascicles representing the rostral end of the medial longitudinal fasciculus. The latter nucleus begins at a slightly lower level and extends downward a little farther than the nucleus of Darkschewitsch (Ingram and Ranson, 1935).

**Frontal sections through the cerebrum**, stained by the Pal-Weigert method, have been reproduced from Jelgersma's atlas. These illustrations will be found useful

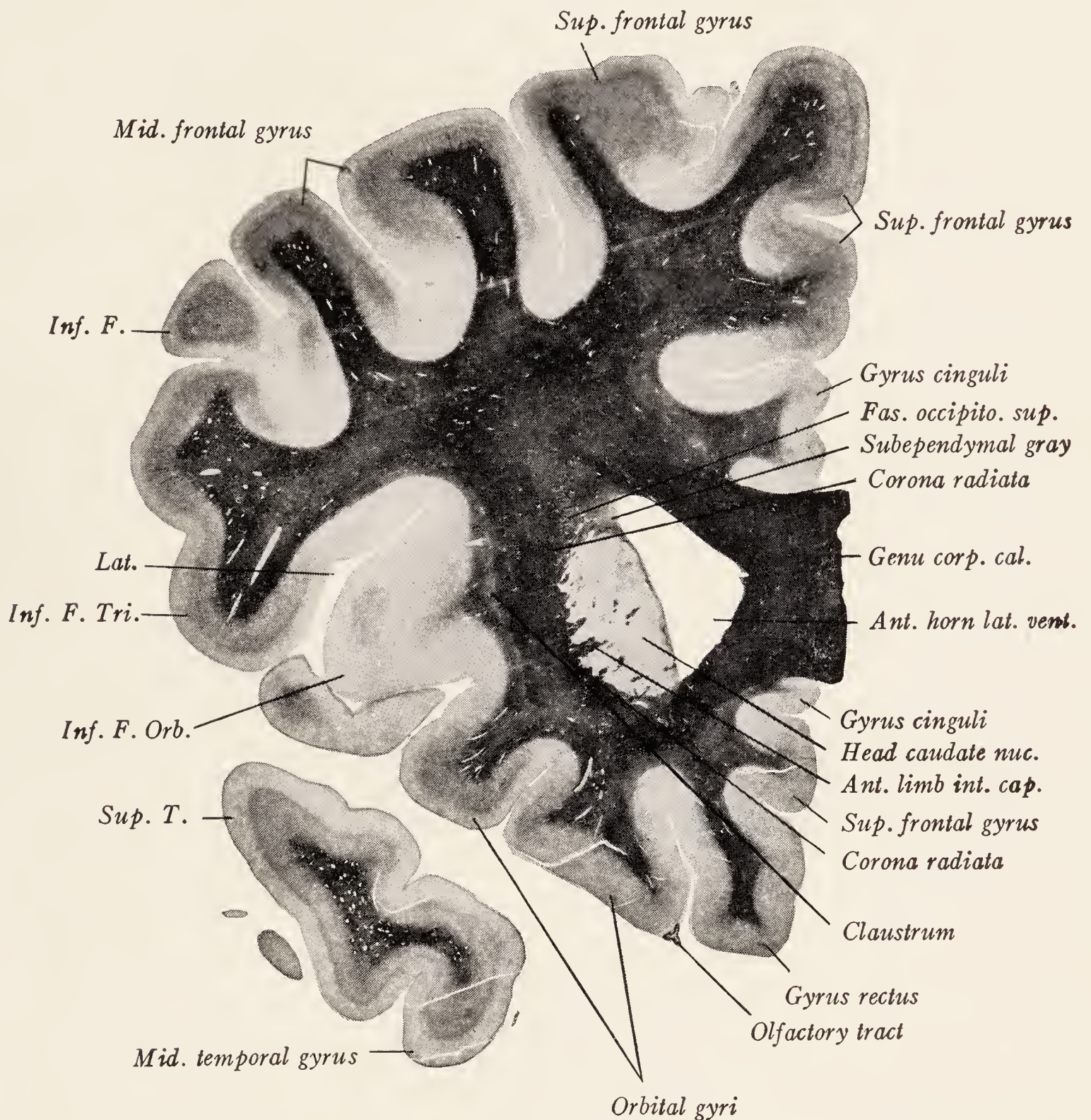


Fig. 368.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

in the study of gross sections through the cerebral hemisphere as well as in the study of stained preparations. Before the sections were made the brain stem had been cut away through the rostral end of the mesencephalon.

Fig. 368 represents a frontal section of the cerebral hemisphere passing *through the genu of the corpus callosum*. The transversely directed fibers of the genu extend lateralward into the radiation of the corpus callosum, which here is split into two parts that diverge to form the roof and floor of the anterior horn of the lateral ventricle. A



little further rostrally these two limbs approach each other and meet where the callosal fibers enclose the end of the ventricle.

In the lateral wall of the ventricle is the head of the *caudate nucleus* which contains near its lateral margin some transversely cut bundles of fibers belonging to the *anterior limb of the internal capsule*. Laterally these bundles rest against the corona radiata. In the plane of this section and in others slightly more posterior, the hori-

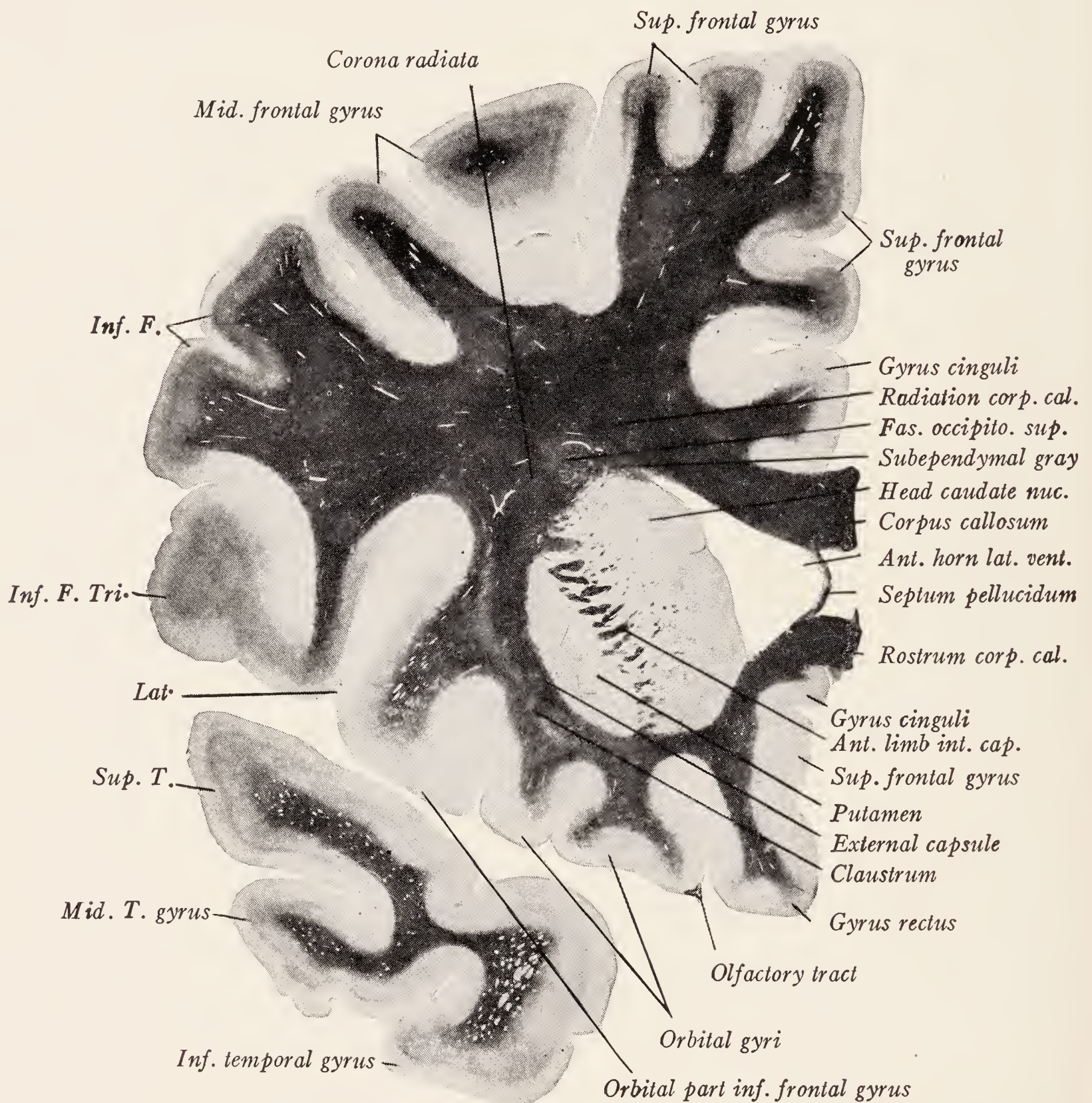


Fig. 369.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

izontally coursing fiber bundles of the anterior limb of the internal capsule, which in Fig. 369 separate the caudate nucleus from the putamen, become incorporated in that portion of the corona radiata which is directed forward into the frontal lobe. The horizontal section represented in Fig. 335 illustrates how the anterior limb of the internal capsule, composed of horizontally coursing fibers, merges with the corona radiata rostral to the lentiform nucleus. A comparison of these two sections cut in planes ap-



proximately at right angles to each other makes it evident that that represented in Fig. 368 passes through the head of the caudate nucleus and the corona radiata rostral to the lentiform nucleus.

The *subependymal gray matter*, which forms a fairly thick layer covering the anterior end of the lateral ventricle and separates the ependyma from the radiation of the corpus callosum, is reduced in amount at the level of this section. But it is continued toward the occiput in this and succeeding sections as a column of gray matter along the dorsal border of the caudate nucleus. It is deeply stained in Weigert preparations because it contains large numbers of myelinated fibers, many of which are derived from the fasciculus occipitofrontalis superior (Fas. occipito. sup.) which lies just lateral to it.

In the isolated tip of the temporal lobe is seen the superior temporal gyrus (Sup. T.). Above the level of the lateral fissure (Lat.), the inferior frontal gyrus (Inf. F.) is subdivided into the triangular (Inf. F. Tri.) and orbital portions (Inf. F. Orb.).

Fig. 369 represents a frontal section of the cerebral hemisphere cutting *through the rostrum of the corpus callosum*. The transversely directed fibers of the rostrum turn ventrally into the white matter overlying the orbital gyri. Between the rostrum and the body or trunk of the corpus callosum is stretched the septum pellucidum, one lamina of which has been largely torn away in this section. The radiation formed within the white center of the hemisphere by the transversely directed fibers of the corpus callosum intersects the corona radiata, the fibers of the two systems crossing and to some extent mingling. The corpus callosum can be followed back through the series of sections to the splenium in Fig. 379.

The head of the *caudate nucleus* is larger than in the preceding section and it is incompletely separated from the putamen by transversely cut bundles of fibers belonging to the anterior limb of the internal capsule. In this section the *putamen* rests upon the external capsule, which along with the claustrum separates it from the orbital gyri and the orbital portion of the inferior frontal gyrus. Between the plane of this section and the next the putamen and caudate nucleus fuse together beneath the anterior limb of the internal capsule and the combined nuclei come into contact with the anterior perforated substance (Figs. 100, 208).

As the *anterior limb of the internal capsule* is followed backward through the sections it becomes thicker (Figs. 370–372). It intervenes between the caudate and lentiform nuclei and consists of fibers which are directed forward and upward (Fig. 100). The lowest bundles are cut transversely in Fig. 369 and enter the corona radiata in Fig. 368. The remaining bundles are directed obliquely upward into the corona. The lenticulothalamic part of the *posterior limb* (Figs. 373–376) intervenes between the thalamus and lentiform nucleus and appears as a direct continuation of the basis pedunculi (Fig. 375). It is composed of fibers which course nearly vertically upward (Fig. 100). The retrolenticular part is molded upon the posterior part of the thalamus and its fibers are directed toward the occiput and somewhat laterad into the occipital portion of the corona radiata (Figs. 100, 377, 378). The sublenticular part of the *posterior limb* of the internal capsule is directed lateralward into the temporal lobe ventral to the posterior end of the lentiform nucleus (Figs. 216, 376). It helps to form the roof of the inferior horn of the lateral ventricle.

The section represented in Fig. 370 passes *through the anterior commissure*, where this crosses the midline and extends laterad beneath to the anterior limb of the internal



capsule (Figs. 100, 217) and between the lentiform nucleus and the substantia perforata anterior. As it passes under the internal capsule it is bent somewhat downward. It then curves slightly toward the occiput as it passes under the lentiform nucleus and is directed into the white matter of the temporal lobe (Figs. 332, 371–373). In man

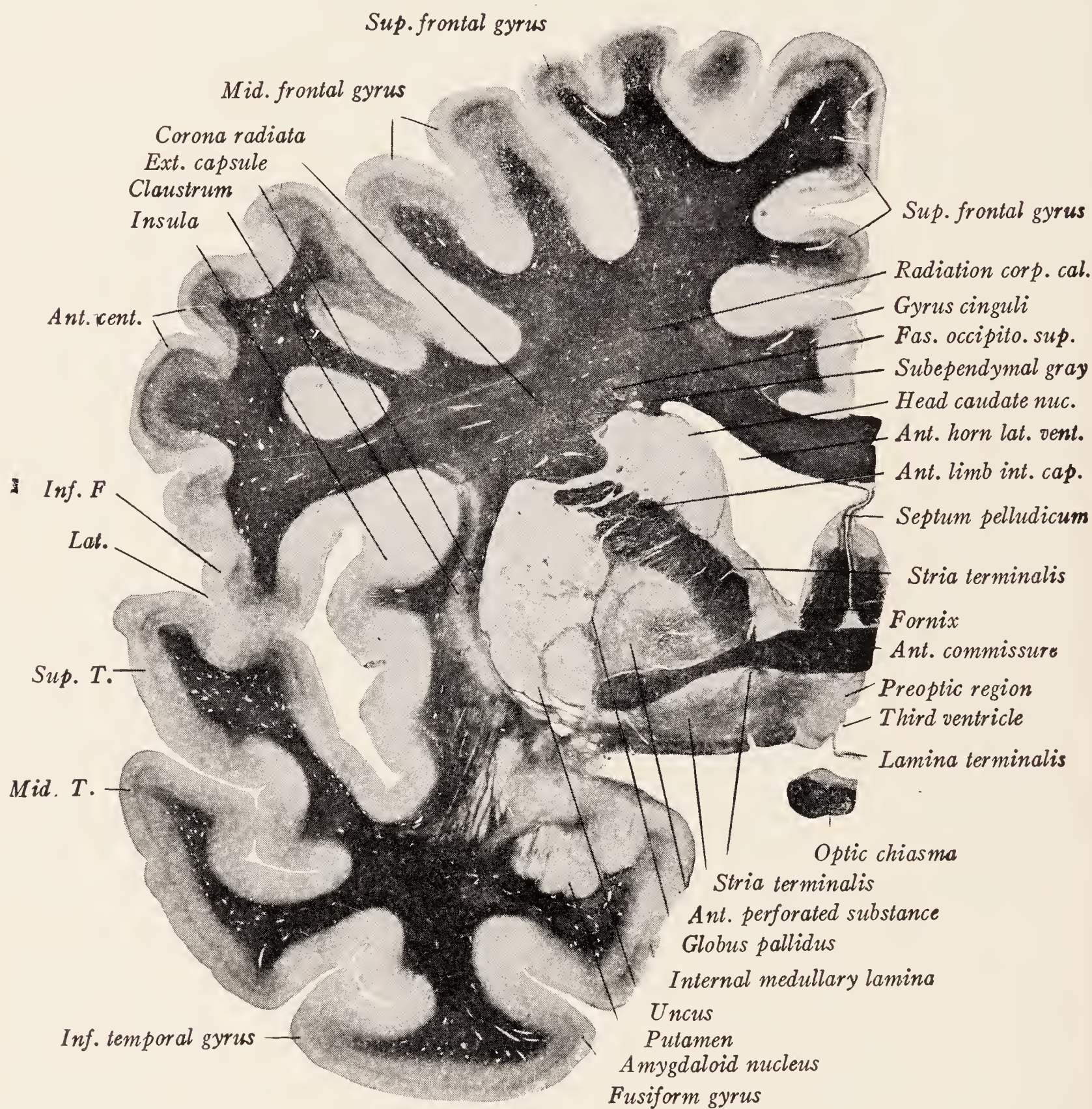


Fig. 370.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jeldersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

the portion of the anterior commissure which unites the two olfactory bulbs is very inconspicuous and is not shown in this series of photographs.

The columns of the *fornix* are embedded in the ventral margins of the septal laminae (Fig. 370). From this position the fornix can be followed at first dorsally and then toward the occiput maintaining the same relation to the septum pellucidum (Figs. 371–376). It is separated from the thalamus by the interventricular foramen (Fig. 372) and the chorioidal fissure (Figs. 230, 373–376). The sections show clearly



that the body of the fornix is composed of two lateral halves, which are continuous rostrally with the columns and toward the occiput with the crura, which in turn are continuous with the fimbria of the fornix. Each lateral half has at first a somewhat rounded outline but becomes progressively more triangular as it is followed toward its junction with the crus. The crura and hippocampal commissure are not shown in

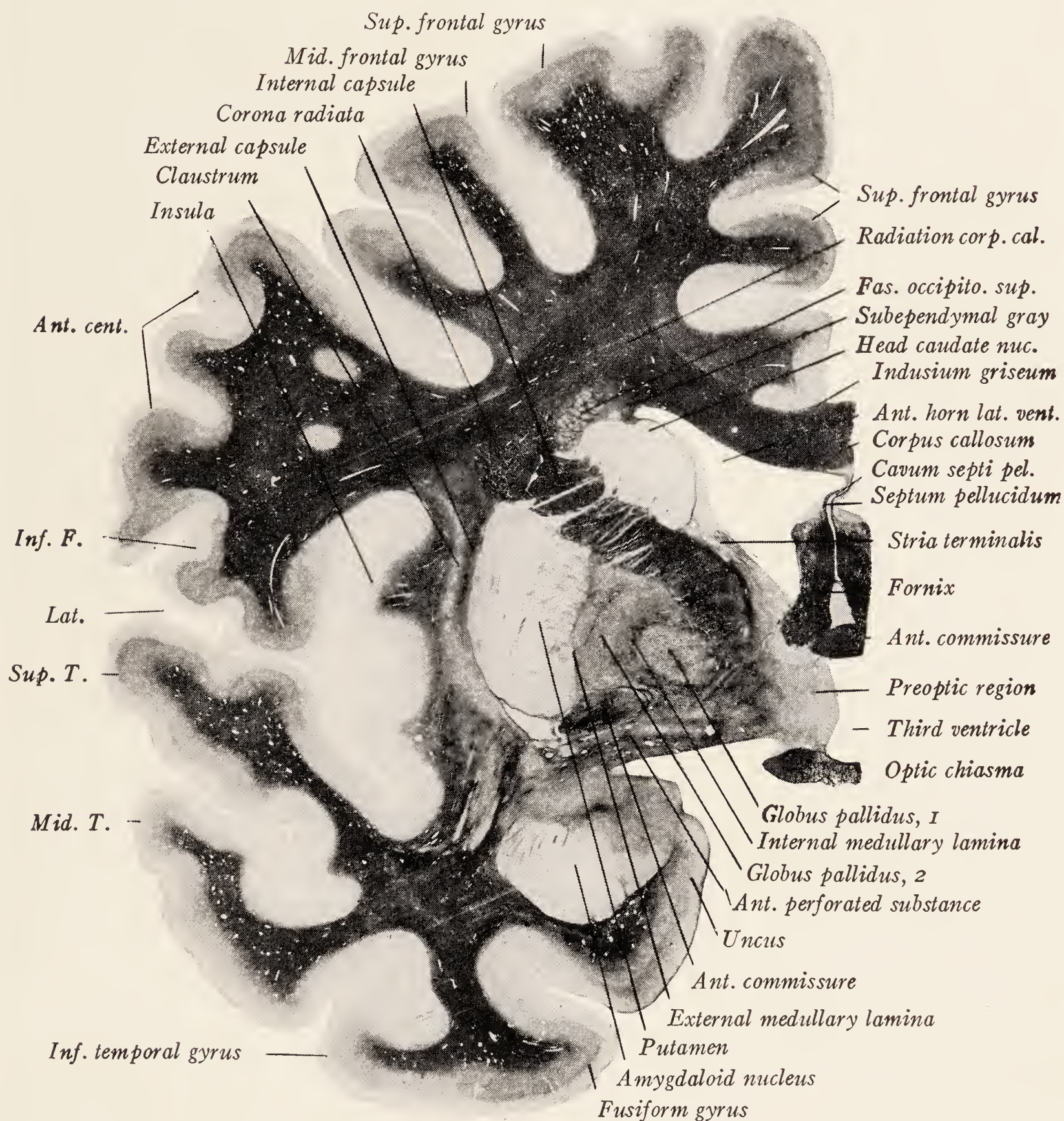


Fig. 371.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

this series of plates since they are present in the sections between those represented by Figs. 378 and 379. In Fig. 230 the crus can be traced into the fimbria which lies along the dorsomedial side of the hippocampus (Figs. 376–378). The fimbria is continuous laterally with the alveus of the hippocampus and is bent sharply on itself so that its free margin, to which the chorioid plexus is attached, is also directed laterally



(Fig. 377). The chorioid fissure is closed by the chorioid plexus which is attached on the one hand to the fimbria of the hippocampus and on the other to the stria terminalis in the roof of the inferior horn of the lateral ventricle.

The rostral margin of the *optic chiasma* is included in the section represented in Fig. 370 as is also the lamina terminalis. The part of the third ventricle included in this and the next figure lies between the optic chiasma and the anterior commissure and represents the unevaginated part of the original telencephalic cavity. From the lateral margin of the chiasma the *optic tract* can be traced laterally and toward the occiput in the sulcus forming the lateral boundary of the hypothalamus (Fig. 372) and then along the side of the upper end of the basis pedunculi to the lateral geniculate body (Figs. 373–377).

Fig. 371 represents a section which passes *through the optic chiasma* and the posterior border of the anterior commissure. The *caudate nucleus* lies on the medial side of the internal capsule in the angle formed by the intersection of the corona radiata and the radiation of the corpus callosum, from which intersection it is separated by the fasciculus occipitofrontalis superior and the subependymal gray matter. The head of the nucleus enters into the formation of the lateral wall and floor of the anterior horn of the lateral ventricle (Figs. 204, 368–372). It decreases rapidly in size as it is followed toward the occiput and becomes drawn out into a long slender curved tail, which forms the lateral part of the sloping floor of the central part of the lateral ventricle (Figs. 373–378) and curves downward into the roof of the inferior horn (Figs. 377, 378). Here it becomes so small that it can not be distinguished in some of the photographs (Fig. 375, 376), but, nevertheless, it is continued forward in the roof of the ventricle to become continuous with the amygdaloid nucleus (Figs. 370–372).

The *amygdaloid nucleus* is a larger mass than Fig. 207 would indicate. It lies upon the dorsal surface of the uncus (Figs. 370–372), forms the roof of the anterior extremity of the inferior horn of the lateral ventricle (Fig. 372) and extends some little distance in the roof toward the occiput gradually decreasing in size (Fig. 373).

In frontal sections the *lentiform nucleus* has a triangular outline and is differentiated into an outer portion, the putamen, and an inner part, the globus pallidus. The globus pallidus is divided into two segments by an internal medullary lamina and is separated from the putamen by the external medullary lamina (Figs. 371–374). The dorso-medial boundary of the lentiform nucleus is formed by the internal capsule and its ventral surface rests on the anterior commissure (Figs. 370–372), the ansa lenticularis (Fig. 372) and the roof of the inferior horn of the lateral ventricle (Figs. 373–375). The putamen is much larger than the globus pallidus. It extends as a massive structure farther forward (Fig. 369) and as a thin and broken plate it spreads out toward the occiput (Fig. 376). The putamen is separated from the claustrum by the external capsule.

The *claustrum* is a thin plate of gray matter intervening between the external capsule and the white matter subjacent to the insular gyri. Its extent from before backward and from above downward corresponds with that of the putamen.

Fig. 372 reproduces a frontal section through the cerebral hemisphere in a plane passing *through the anterior end of the thalamus*. The *insula* lies at the bottom of the lateral fissure and is closely related to the putamen from which it is separated by the claustrum and external capsule. The frontal, temporal and parietal lobes project far-



ther lateralward, forming the boundaries of the lateral fissure and overhanging the insula. The overhanging portions of these lobes form the opercula which have been cut away in Fig. 196. The temporal operculum (Figs. 370–374) is separated by the deep lateral fissure from the frontal operculum (Figs. 370, 371) and from the parietal

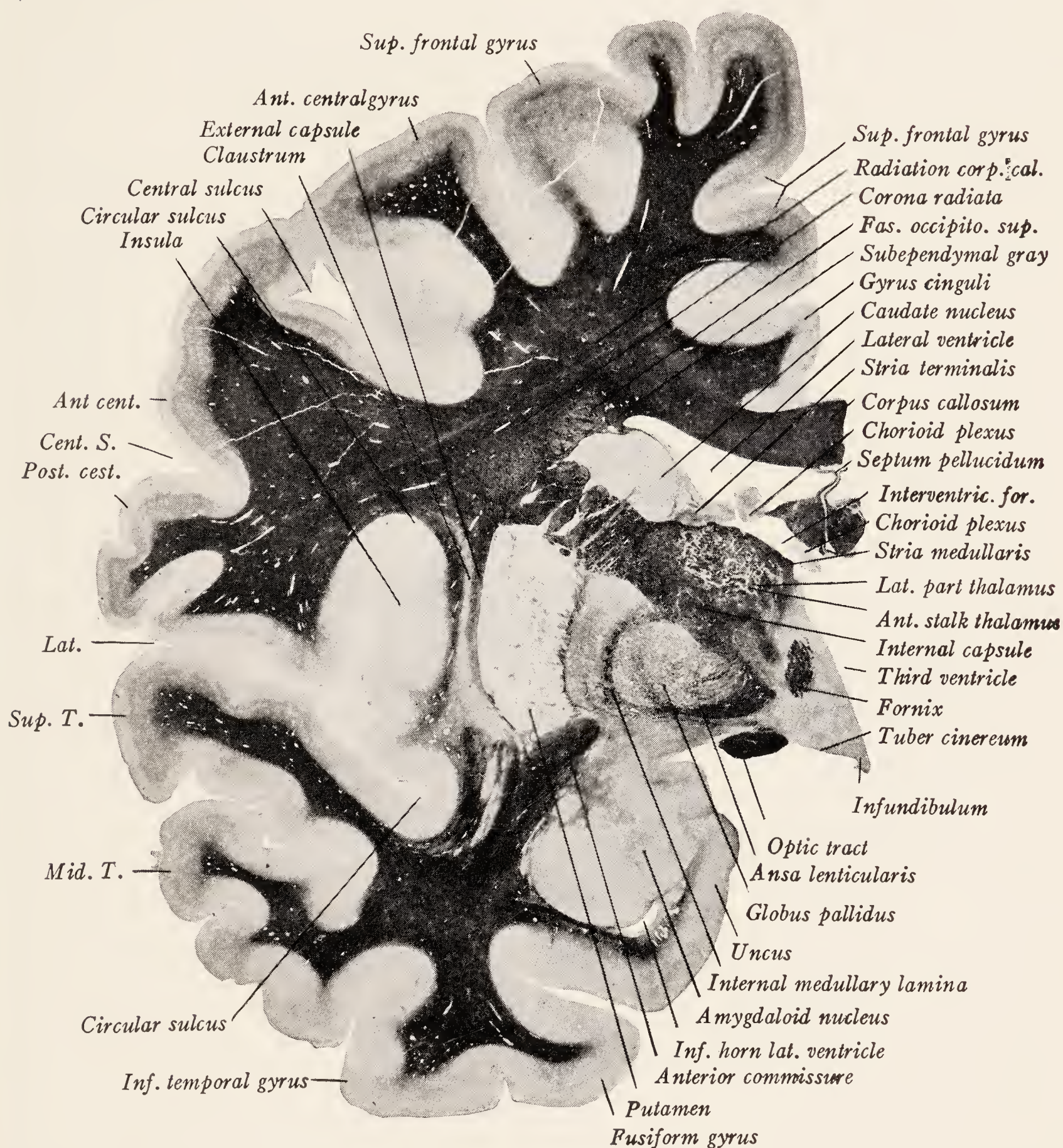


Fig. 372.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

operculum (Figs. 372–376). At its bottom this fissure spreads out like a saucer, separating the opercula from the insula, and becomes continuous around the margins of the insula with the circular sulcus.

The *upper surface of the temporal lobe* also lies buried in the lateral fissure but can be exposed along with the insula by dissecting away the frontal and parietal lobes



(Fig. 200). Upon this surface there can then be seen the anterior transverse temporal gyrus. It is continuous with the auditory receptive cortex at the junction of the superior and lateral surfaces of the temporal lobe (Figs. 245, 372) and from this point it

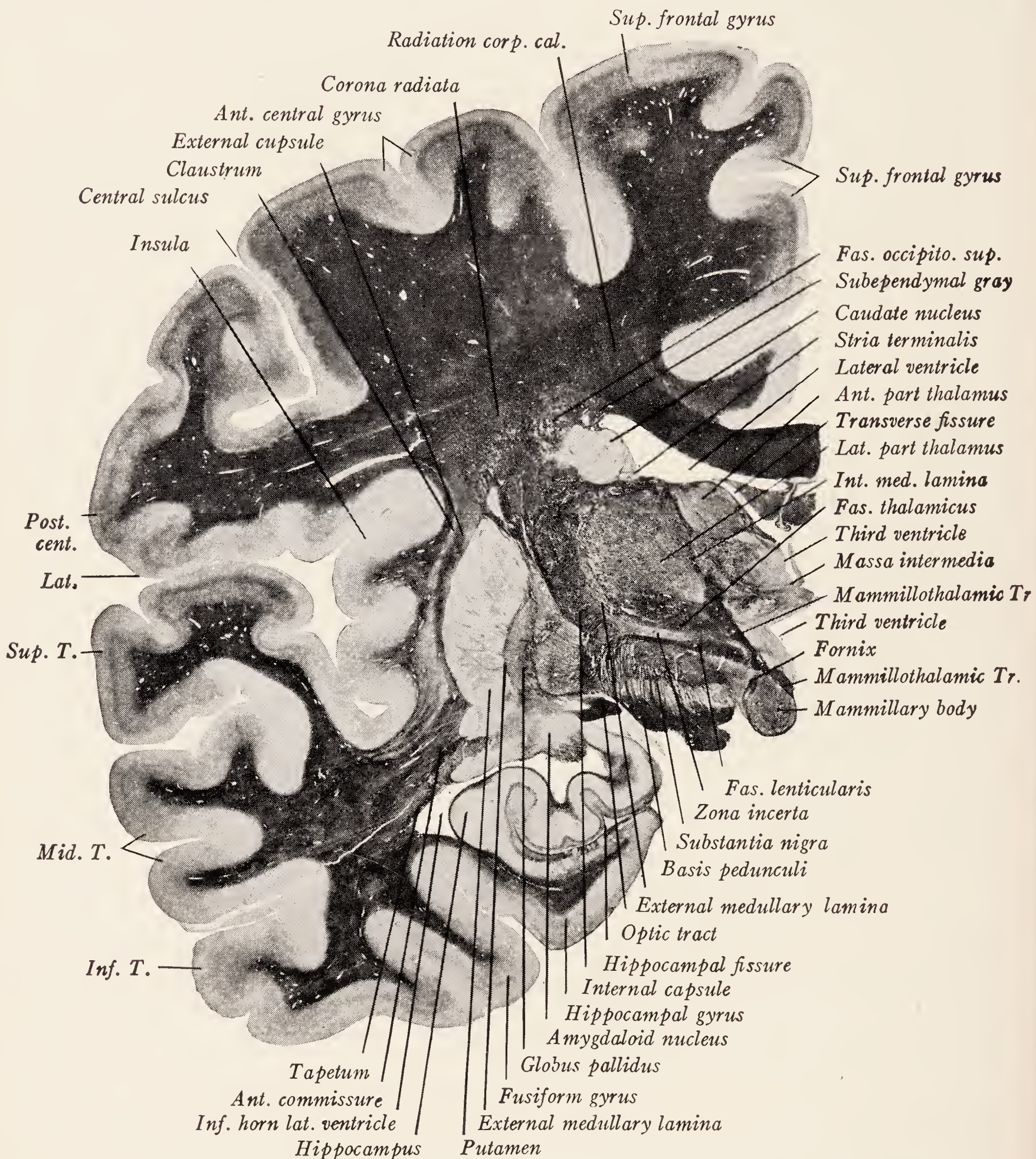


Fig. 373.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jaspersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

extends obliquely backward and medialward in the depth of the lateral fissure (Figs. 200, 373–376). The cortex which covers it forms a part of the auditory receptive center.

Fig. 373 represents a frontal section of the cerebral hemisphere cut in a plane pass-



ing *through the mammillary body*. The *dorsal thalamus* is divided into three parts: anterior, medial, and lateral. These subdivisions are incompletely separated by an internal medullary lamina. The massa intermedia joins the right and left sides together across the third ventricle. The anterior, medial and lateral subdivisions can be distinguished in Figs. 373–377.

In the *external medullary lamina* and between this and the internal capsule is the lateral reticular nucleus (Figs. 335, 373). The external medullary lamina can be followed through the series toward the occiput. In Fig. 377 its inferior margin is continuous with the lateral zone of Wernicke. At the anterior end of the thalamus fibers destined for the *anterior thalamic radiation* or anterior stalk of the thalamus run forward in heavy bundles through the anterior end of the lateral nucleus to enter the internal capsule (Fig. 372).

The *hypothalamus*, exclusive of the so-called pars optica hypothalami, lies in the interpeduncular fossa behind the optic chiasma (Fig. 99). The section represented in Fig. 372 cuts through the tuber cinereum and the infundibulum and that shown in Fig. 373 through the mammillary bodies. The column of the fornix having descended behind the anterior commissure (Fig. 371) runs downward and backward through the hypothalamus (Fig. 372) to reach the lateral side of the mammillary body (Fig. 373). From the mammillary body the mammillothalamic tract runs upward to the anterior division of the thalamus (Figs. 230, 373).

The *subthalamus* is interposed between the dorsal thalamus and basis pedunculi. Within it are included the rostral extremities of the red nucleus and substantia nigra (Figs. 375, 376) and also the subthalamic nucleus of Luys (Fig. 374) and the zona incerta (Fig. 373). Between the two latter the fasciculus lenticularis runs medialward to enter the field H of Forel (Figs. 326, 373). The fibers of this fasciculus come from the globus pallidus, passing more or less transversely through the internal capsule.

The *red nucleus* projects upward into the subthalamus where it is surrounded by a thick capsule from the side of which there extends lateralward the tegmental radiation (Figs. 323, 375, 376).

Fig. 374 represents a frontal section of the cerebral hemisphere passing *through the cerebral peduncle behind the mammillary body*. Descriptions of the structures illustrated are given in connection with the other plates of this series.

Fig. 375 represents a section passing *through the rostral end of the red nucleus*. The *third ventricle*, only one lateral half of which is represented, is here bounded laterally by the thalamus and ventrally by the subthalamus. Its membranous roof, which has been torn away, was attached along the tænia thalami to the stria medullaris thalami. Farther forward in a section passing through the mammillary body (Fig. 373) the massa intermedia forms a bridge of gray matter across the ventricle and joins the two lateral halves of the thalamus. Below it the cavity is bounded laterally by the subthalamus and hypothalamus. In the plane of the interventricular foramen (Fig. 372) the ventricle is a deep and rather narrow cleft with lateral boundaries formed chiefly by the hypothalamus. In a section passing through the optic chiasma and the posterior border of the anterior commissure the ventricle is bounded above and below by these structures and is reduced in height (Fig. 371). The gray matter forming its lateral wall at this point belongs to the telencephalon and differs functionally from the hypothalamus. It has been called the preoptic region. The cavity of the ventricle extends forward under the anterior commissure (Fig. 370) and forms the optic recess.



When, on the other hand, the third ventricle is followed toward the occiput, it becomes less deep as the striae medullares approach closer to the floor. In the plane represented by Fig. 377 the stræ medullaris is approached by the fasciculus retroflexus

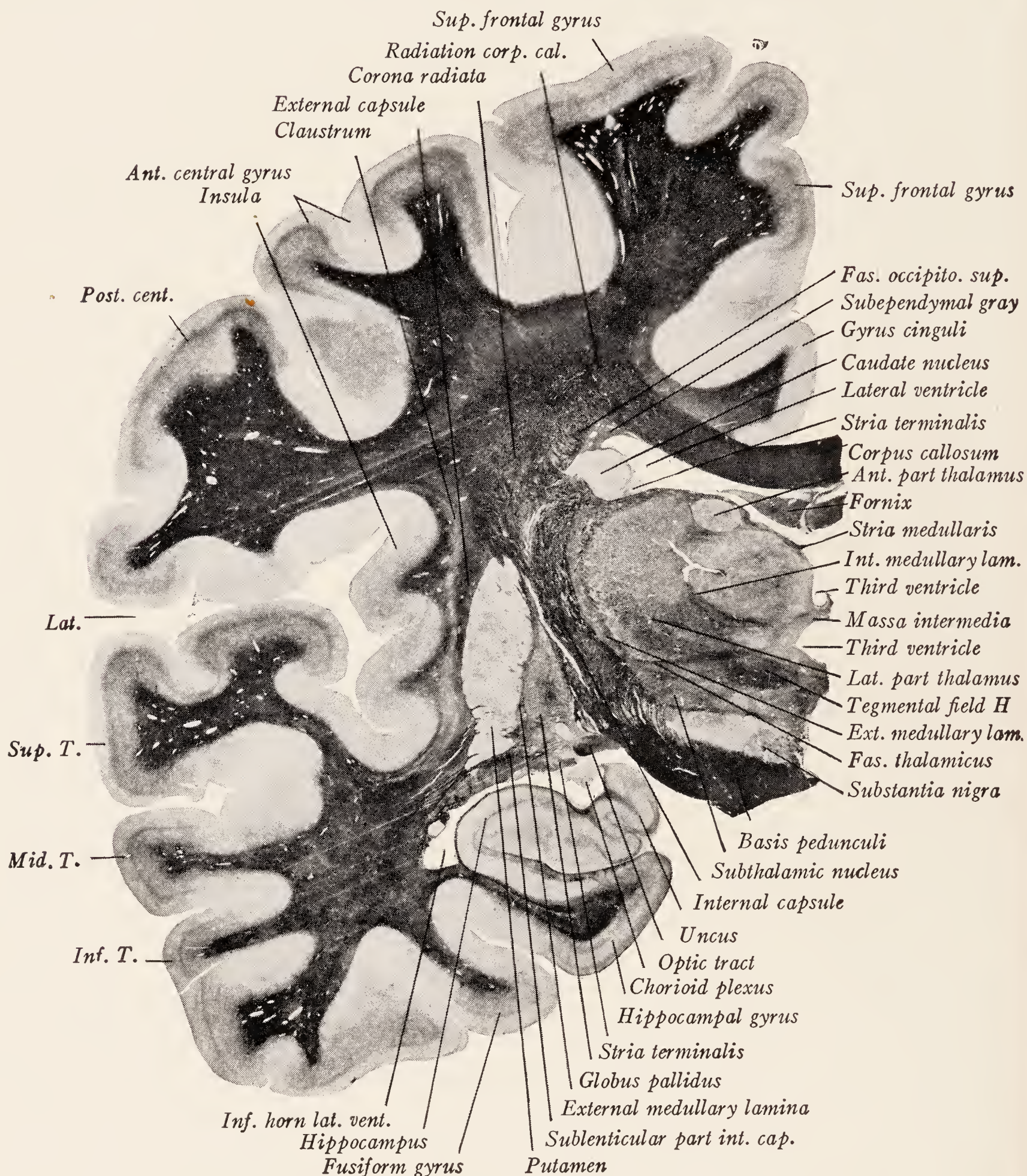


Fig. 374.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jeldersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

and both enter the habenular ganglion between the frontal planes represented by this and the next succeeding figure. The caudal border of this ganglion can be seen in Fig. 378 as can also the caudal border of the posterior commissure, which is separated by a fissure from the commissure of the superior colliculus.



The frontal section represented in Fig. 376 was cut in approximately the same plane as Fig. 174, from one lateral half of the cerebrum after the hindbrain and much of the midbrain had been removed by a section through the mesencephalon.

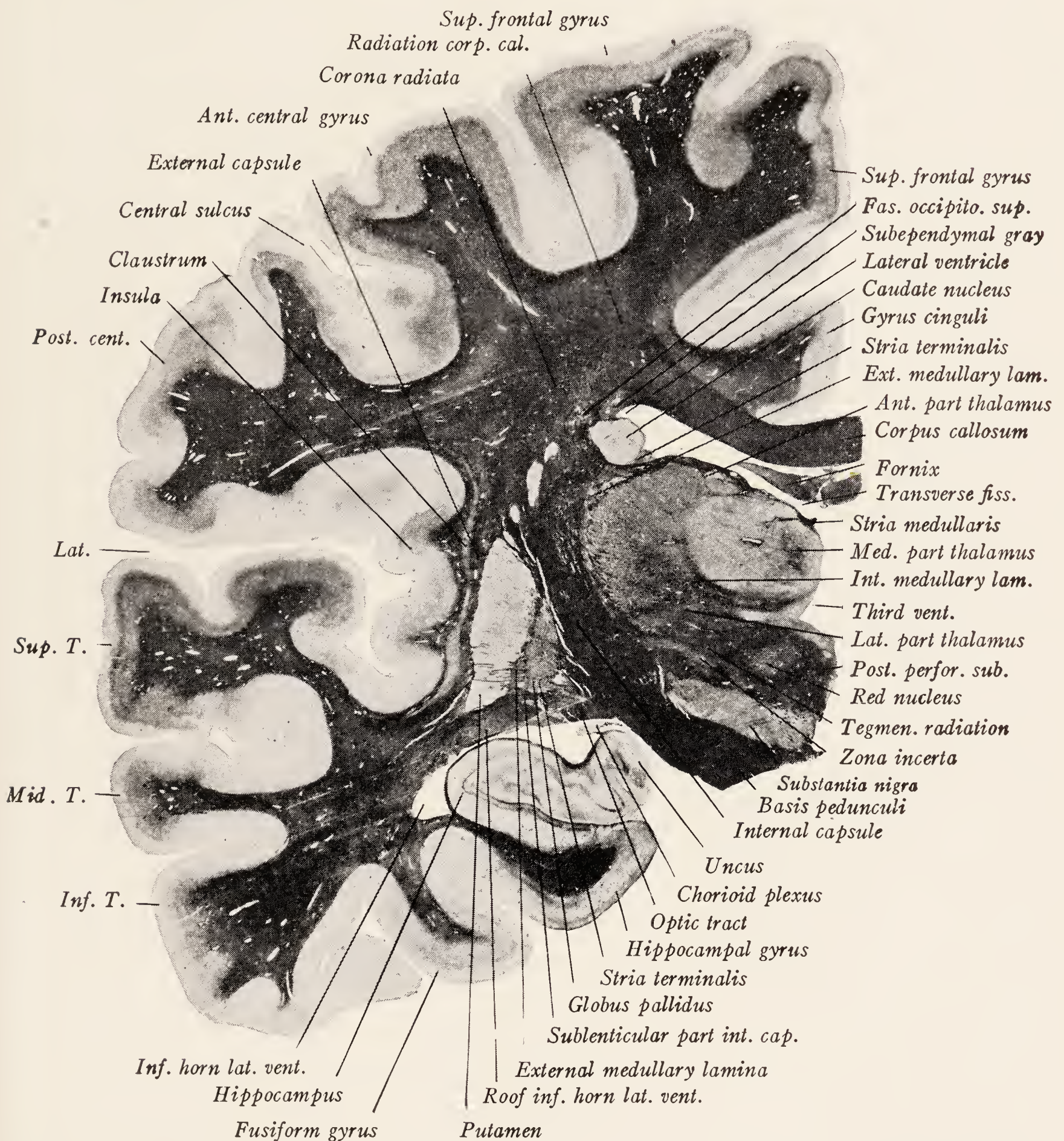


Fig. 375.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

The posterior end of the putamen has become a flat plate; and, as it is followed farther toward the occiput, it becomes broken up into a series of small gray islands (Figs. 377, 378). The lateral surface of the lentiform nucleus is covered by the external capsule, the dorsal border of which fuses with the internal capsule along the line where this merges with the corona radiata. The *external and internal capsules taken together*



form a white investment for the lentiform nucleus, which is incomplete on the ventral side between the planes represented by Figs. 370 and 375. Here this nucleus is separated from the inferior horn of the lateral ventricle by such structures as the sublenticular

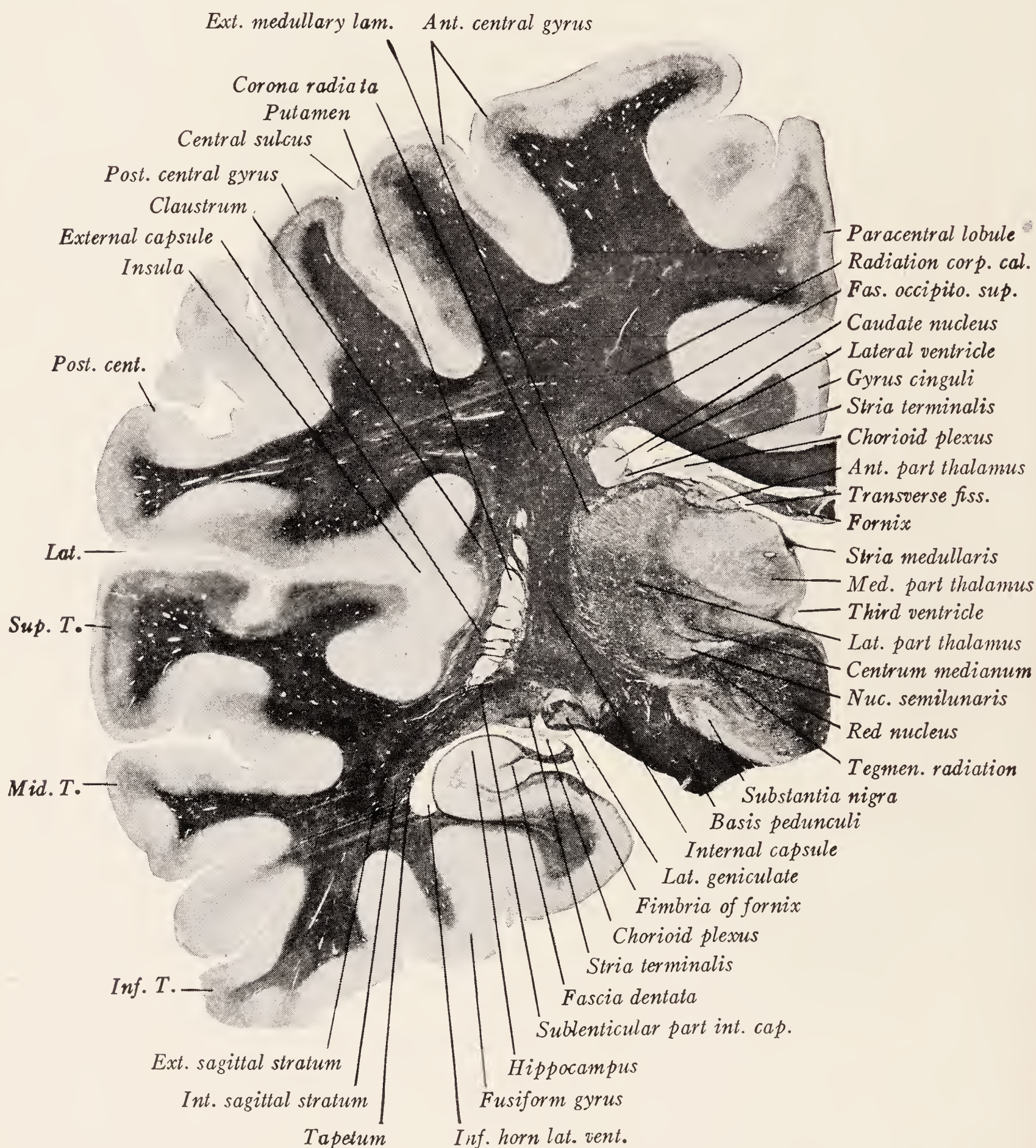


Fig. 376.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jaspersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

part of the internal capsule and stria terminalis and from the anterior perforated substance by the anterior commissure.

The central sulcus and the anterior and posterior central gyri are cut obliquely in these frontal sections. The gyri of the temporal lobe, cut transversely, present a typical appearance and in order from above downward and medialward are the supe-



rior, middle, and inferior temporal, fusiform and hippocampal gyri (Fig. 377). Somewhat farther anteriorly the uncus is also seen. It is separated from the hippocampal gyrus by the rostral end of the hippocampal fissure (Fig. 374). Still farther anteriorly

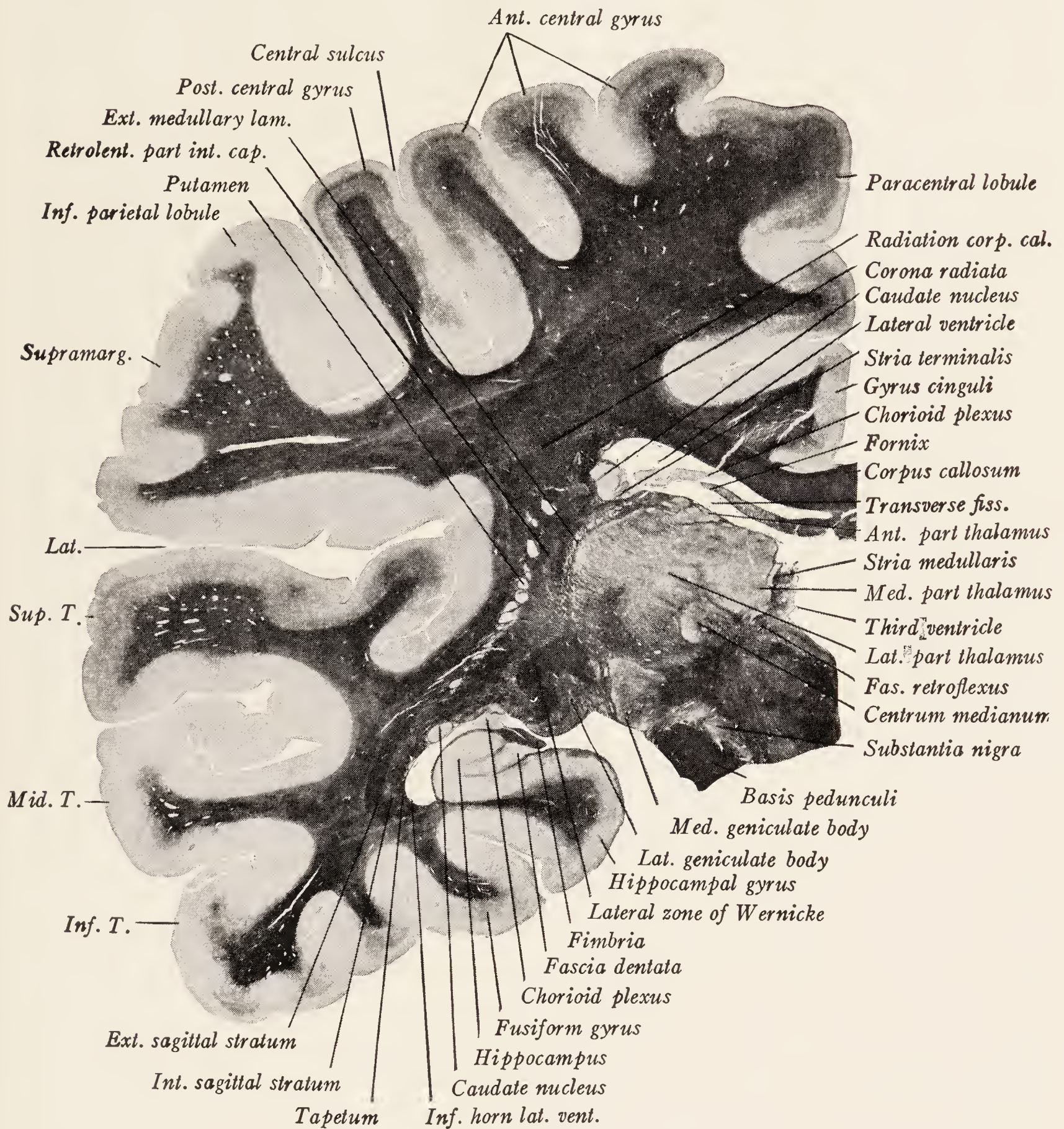


Fig. 377.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

the uncus replaces the hippocampal gyrus and is closely related to the amygdaloid nucleus (Fig. 372).

Fig. 377 represents a section passing through the geniculate bodies. These lie ventral to the thalamus and lateral to the zone of transition between the midbrain and thalamus. The medial geniculate body is surrounded on three sides by the mesencephalon, thalamus and the lateral geniculate body. Its ventral surface projects as a slight emi-



nence upon the basal surface of the brain. The *lateral geniculate body* consists of a series of superimposed curved lamellæ. It lies ventral to the retrolenticular part of the internal capsule. On its dorsal surface is a thick curved band of deeply stained fibers, the lateral zone of Wernicke, which is continuous dorsally and toward the occiput with the external medullary lamina of the thalamus (Figs. 317, 335). It is composed of fibers from the optic nerve and of others arising in the lateral geniculate body and belonging to the geniculocalcarine fasciculus.

The fibers of the *geniculocalcarine* fasciculus arise in the lateral geniculate body, curve forward and lateralward in the roof of the inferior horn of the lateral ventricle and after completing their U-shaped bend, lie lateral to the inferior horn of the lateral ventricle in the external sagittal stratum of the temporal lobe (Figs. 188, 376–379). The *internal and external sagittal strata* are massive bundles of parallel anteroposteriorly directed fibers. The more internal of the two has been incorrectly called the optic radiation and the more external, which includes the geniculocalcarine tract, is often designated as the inferior longitudinal fasciculus. These massive plates of horizontally coursing fibers lie in the lateral wall of the inferior and posterior horns of the lateral ventricle.

The section illustrated in *Fig. 378* passes through the central part of the lateral ventricle. Here the ventricle has a broad roof formed by the corpus callosum and a floor formed by the fornix, chorioid plexus, thalamus, stria terminalis and tail of the caudate nucleus. The roof and floor meet at an acute angle but farther forward a medial wall formed by the septum pellucidum is interposed (Figs. 373–375). The chorioid plexus is attached above to the sharp edge of the fornix and below to the ependymal covering of the thalamus (*lamina affixa*). The central part of the lateral ventricle becomes continuous with the anterior horn just in front of the interventricular foramen. This foramen lies between the fornix and the anterior end of the thalamus (*Fig. 372*) and behind the anterior pillars of the fornix. The *anterior horn of the lateral ventricle* (Figs. 368–371) is bounded medially by the septum pellucidum and anterior column of the fornix and by the fibers from the genu and rostrum of the corpus callosum which curve around the end of the ventricle. The roof is formed by the body or trunk of the corpus callosum and the lateral wall by the head of the caudate nucleus.

Traced toward the occiput the central part of the lateral ventricle becomes continuous with the posterior and inferior horns at the *collateral trigone*, an enlarged portion of the ventricle at the point where these two horns diverge (Figs. 205, 379). On its medial side lies the splenium from which the occipital radiation of the corpus callosum curves backward into the occipital lobe forming a prominent elevation in the medial wall of the ventricle known as the bulb of the posterior horn. The crus of the fornix is shown curving down into the inferior horn and becoming continuous with the fimbria and alveus of the hippocampus. At one point the alveus has been cut through exposing a small part of the dorsal aspect of the hippocampus. The roof of the ventricle here meets the lateral wall in a broad curve and the two walls are formed by fibers from the splenium which arch lateralward and then downward forming the tapetum. The calcar avis lies farther toward the occiput (*Fig. 212*).

From the trigone the *inferior horn* is continued downward and forward in the temporal lobe (Figs. 372–378). The hippocampus, covered by the alveus to which the fimbria of the fornix is attached, forms the medial wall and floor of this part of the



ventricle. The fascia dentata intervenes between the hippocampal fissure and the line of attachment of the fimbria. In the lateral wall of the posterior part of the inferior horn the internal and external sagittal strata are seen lateral to the tapetum (Fig. 378). Farther anteriorly the roof of the inferior horn is formed by the sublenticular

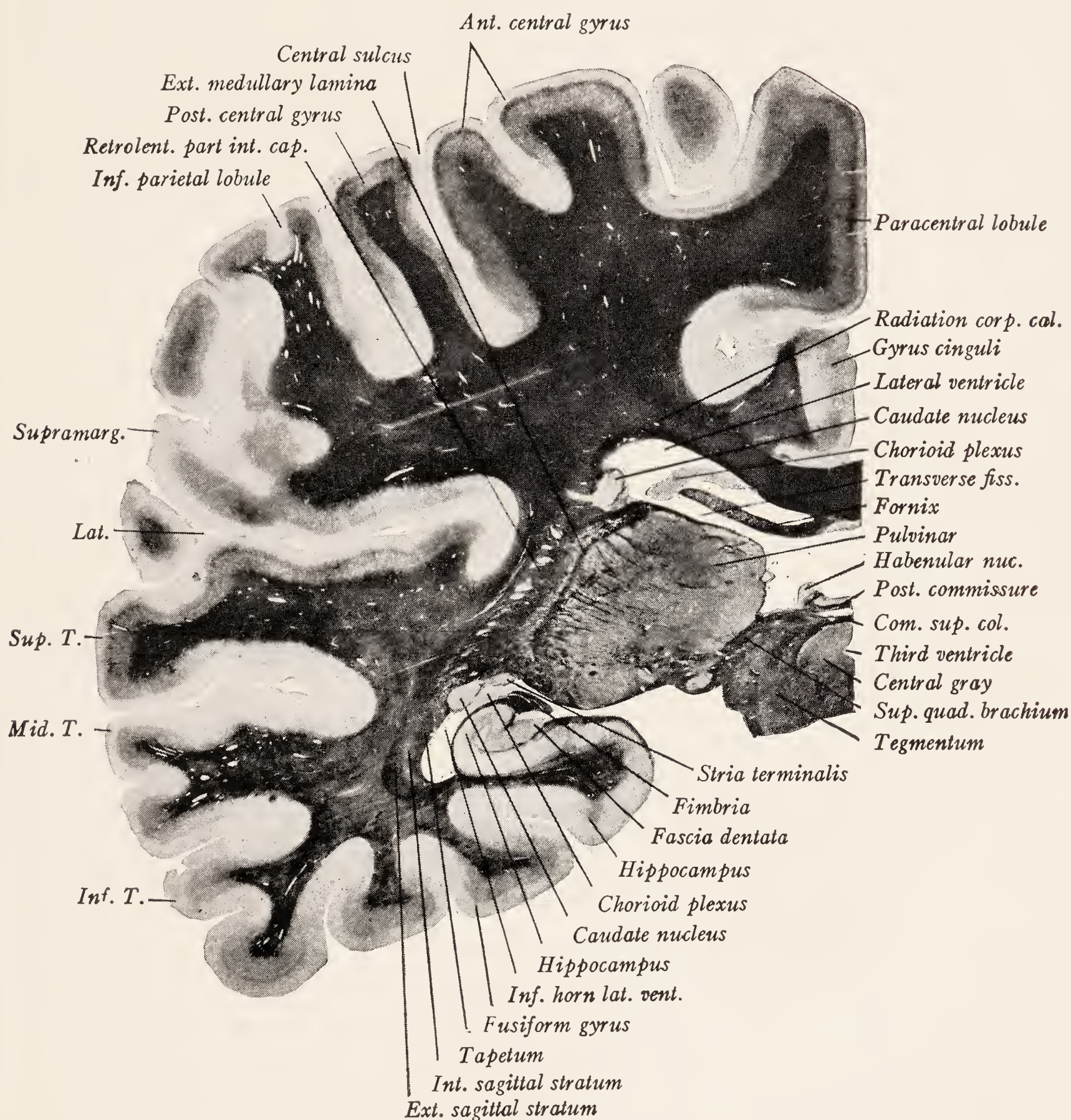


Fig. 378.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

part of the internal capsule (Fig. 376). The tail of the caudate nucleus accompanied by the stria terminalis runs forward in the roof of the inferior horn (Fig. 378). It becomes continuous with the amygdaloid nucleus which lies in the roof of the rostral end of this part of the ventricle (Figs. 372, 373).

Fig. 379 represents a section *through the splenium of the corpus callosum*. The lin-



gual gyrus makes its appearance medial to the fusiform gyrus and on its dorsal side is the calcarine fissure. The fasciola cinerea lies just beneath the splenium, and between this and the lingual gyrus is the isthmus of the gyrus fornicatus. The gyrus cinguli lies just above the splenium of the corpus callosum in which position it can be followed

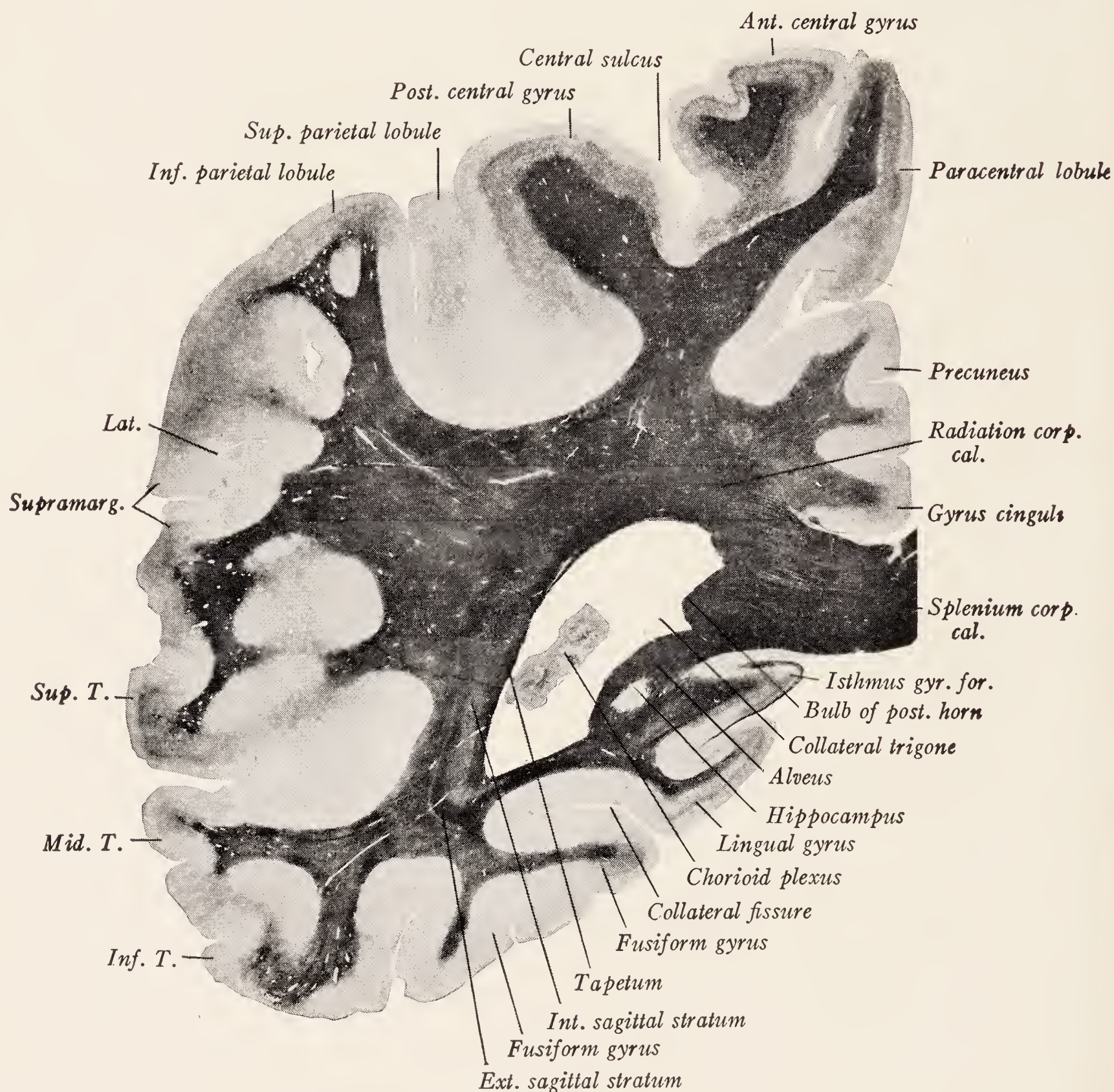


Fig. 379.—(From "Atlas Anatomicum Cerebri Humani," by Prof. Dr. G. Jelgersma, Published by Messrs. Scheltema & Holkema; N. V. Amsterdam, Holland.)

forward through the series of sections to the genu around which it bends until it comes to lie ventral to the genu and rostrum.

The **brain of the sheep** may be used to supplement human material. A preliminary dissection of the sheep's brain prepares the student to make the best use of the human brain placed at his disposal. The parts composing the rhinencephalon can be seen more easily in a brain of a macrosmatic animal than in man where they are rudimentary.



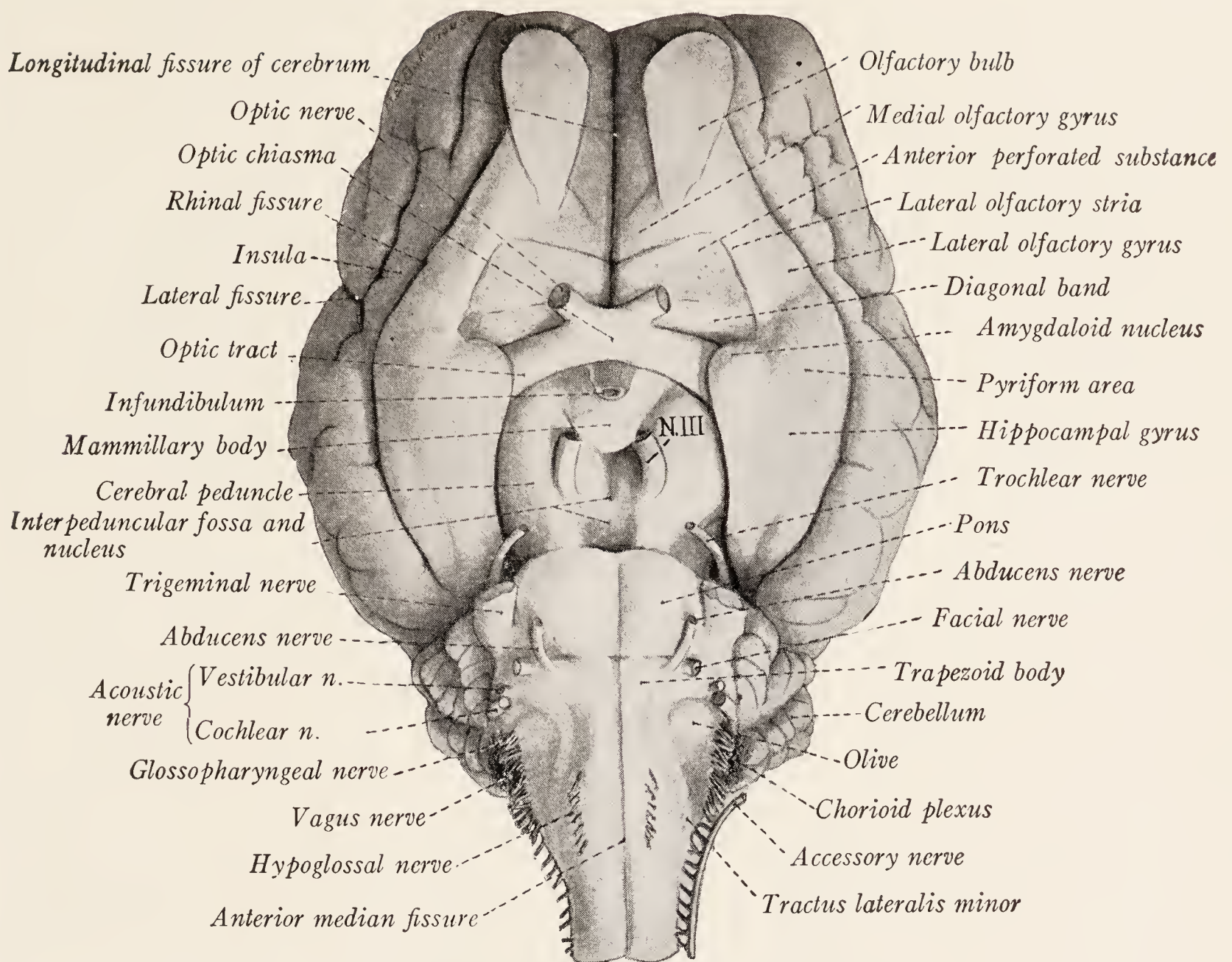


Fig. 380.—Ventral view of the sheep's brain.

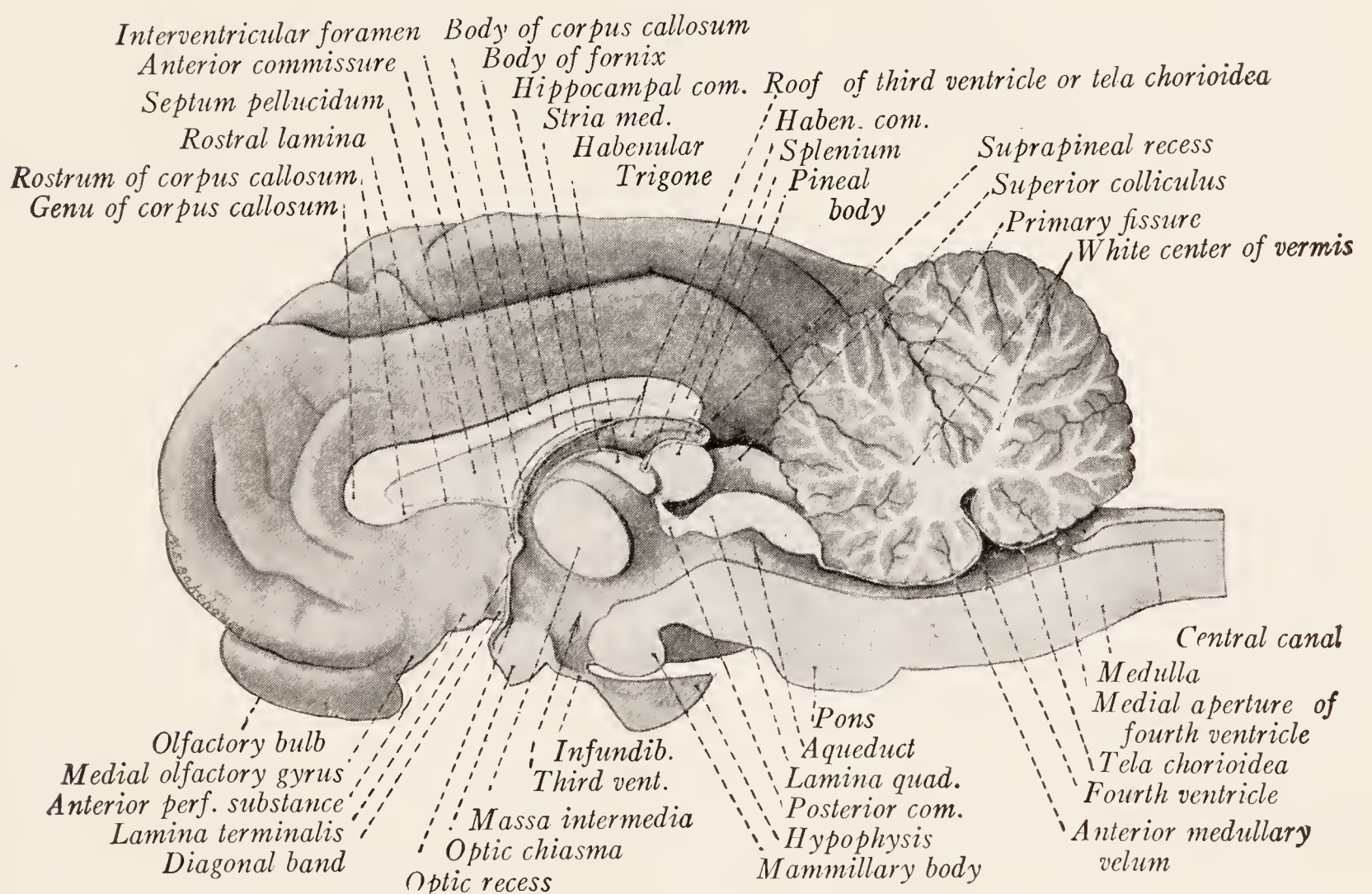


Fig. 381.—Medial sagittal section of the sheep's brain.



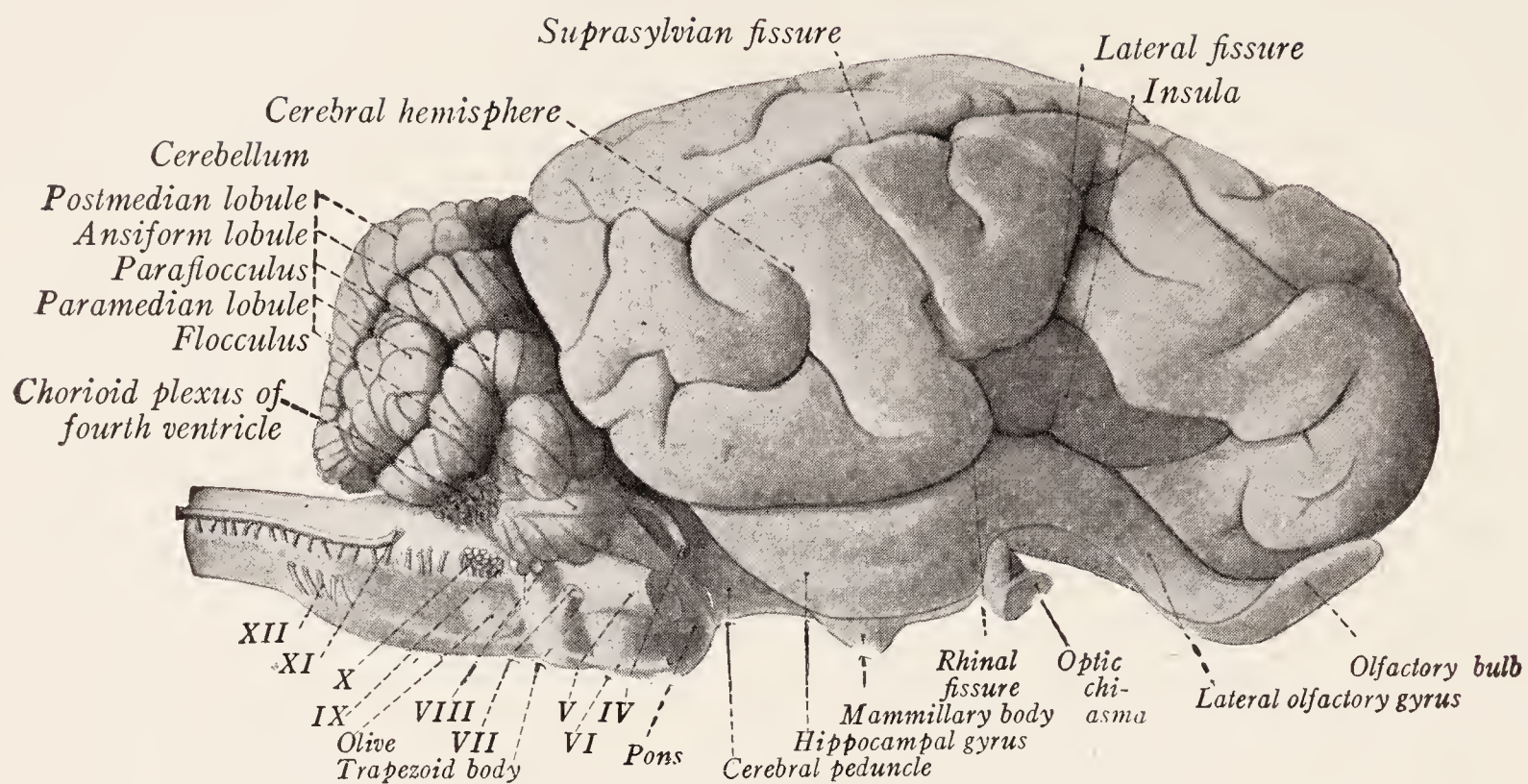


Fig. 382.—Lateral view of the sheep's brain.

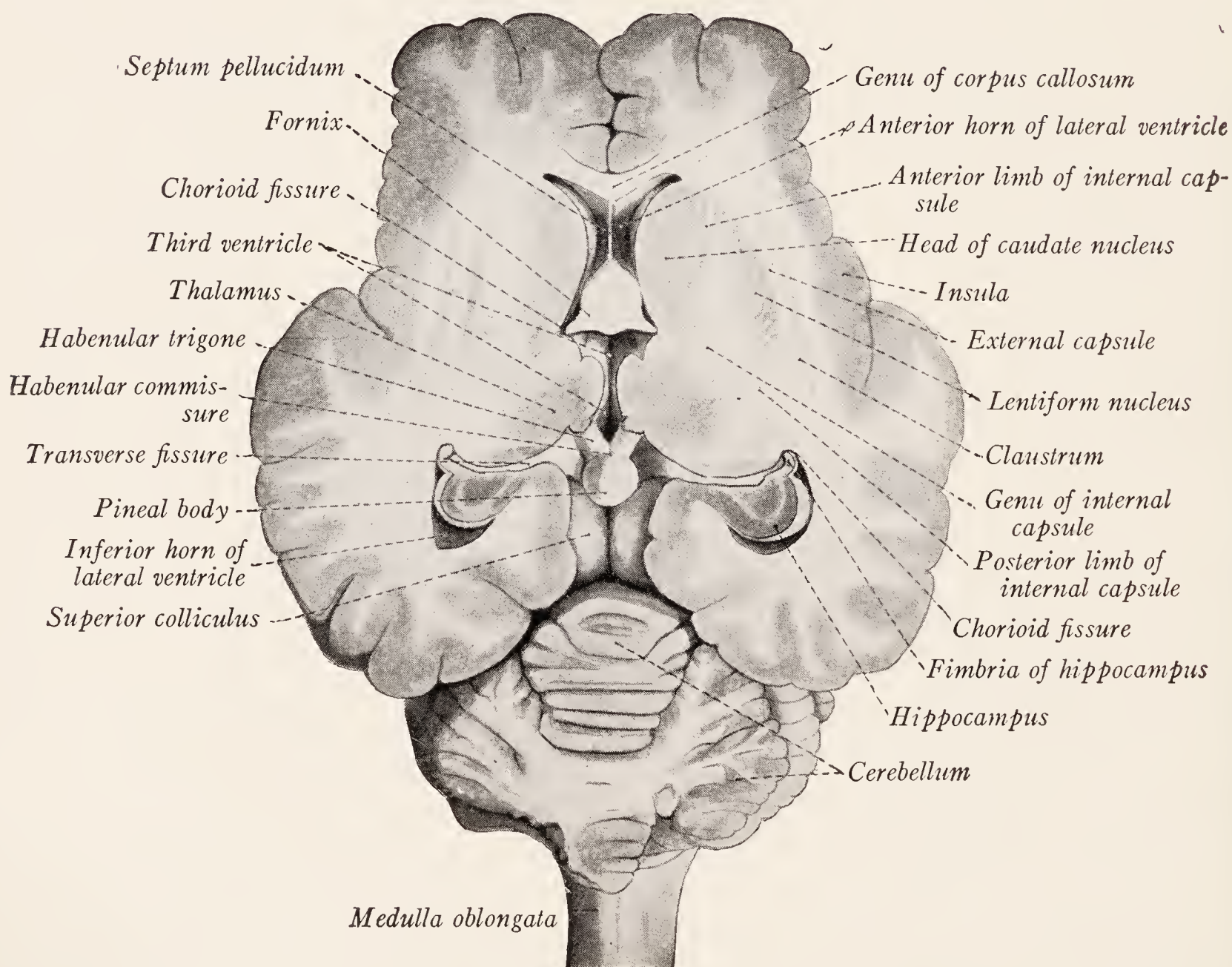


Fig. 383.—Horizontal section through the sheep's brain, passing through the internal capsule and corpus striatum.



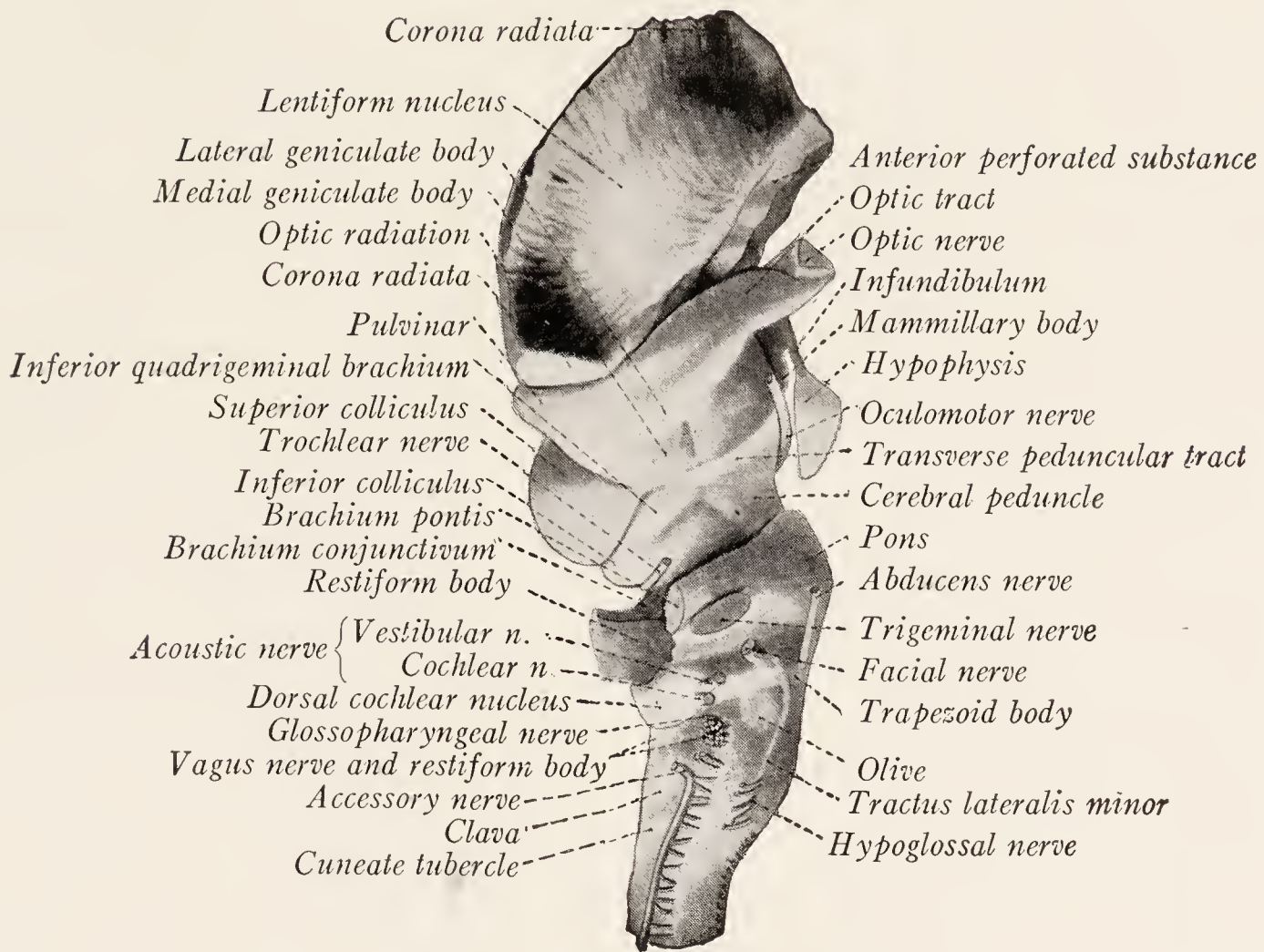


Fig. 384.—Lateral view of brain stem of the sheep.

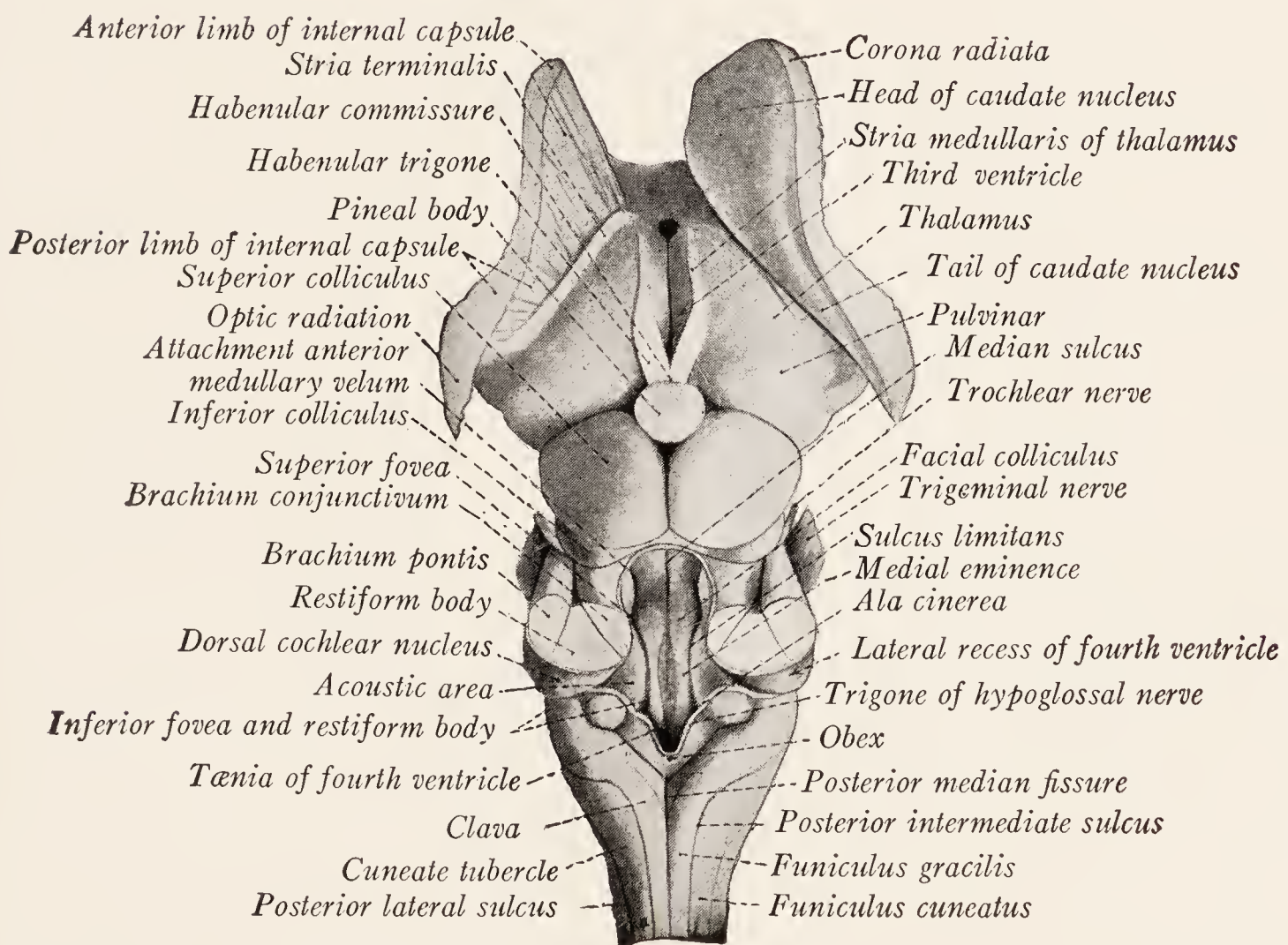


Fig. 385.—Dorsal view of brain stem of sheep.



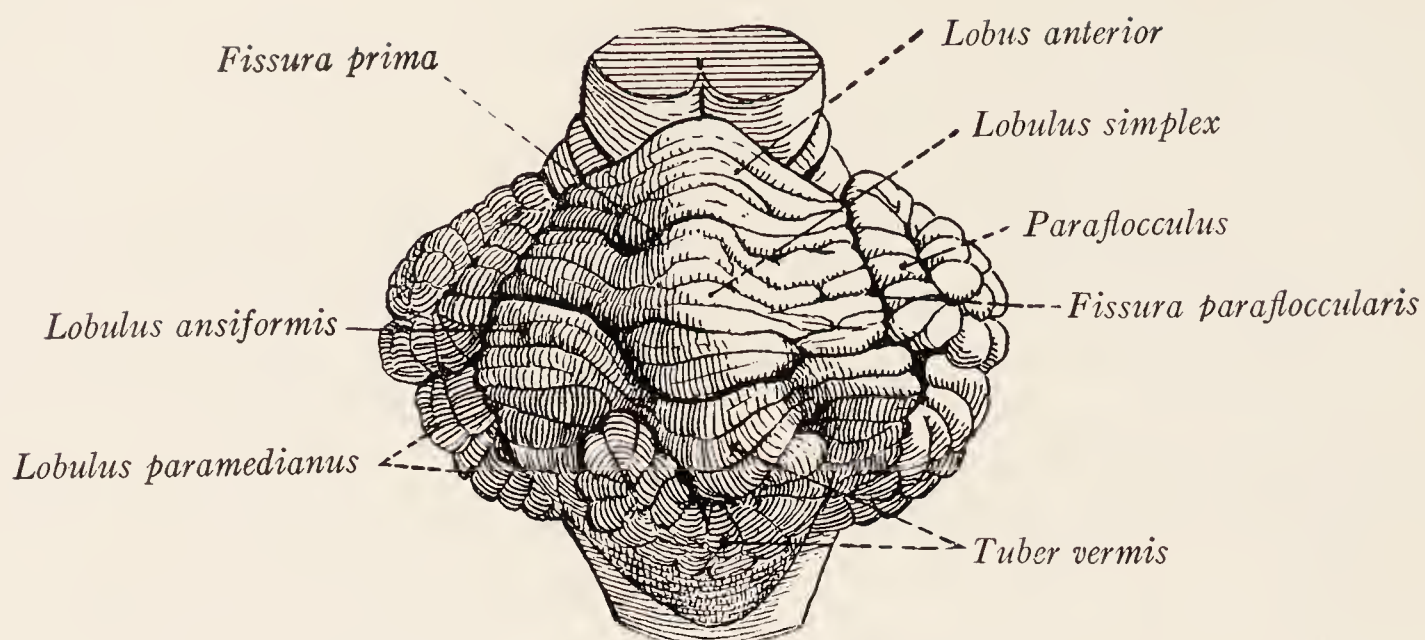


Fig. 386.—Cerebellum of the sheep, dorsorostral view.

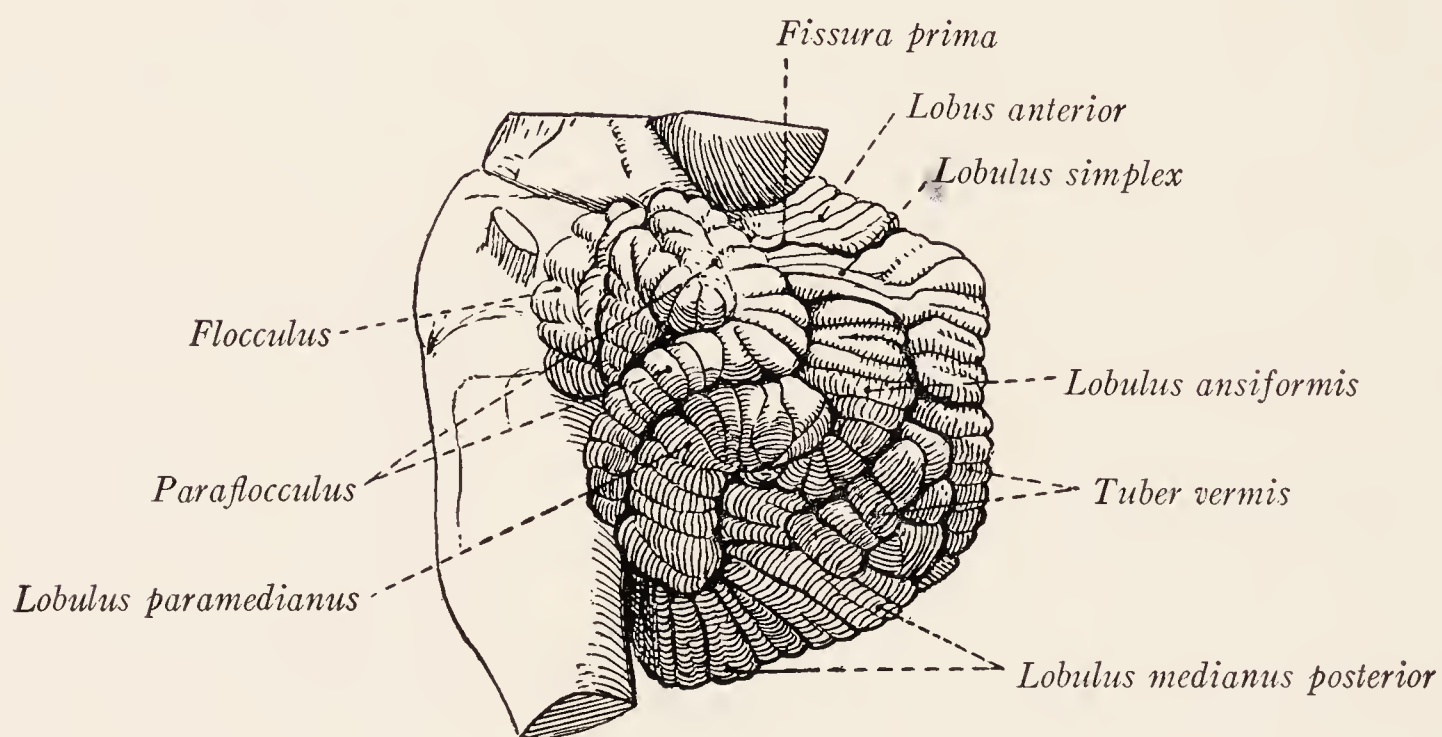


Fig. 387.—Cerebellum of the sheep, lateral view.

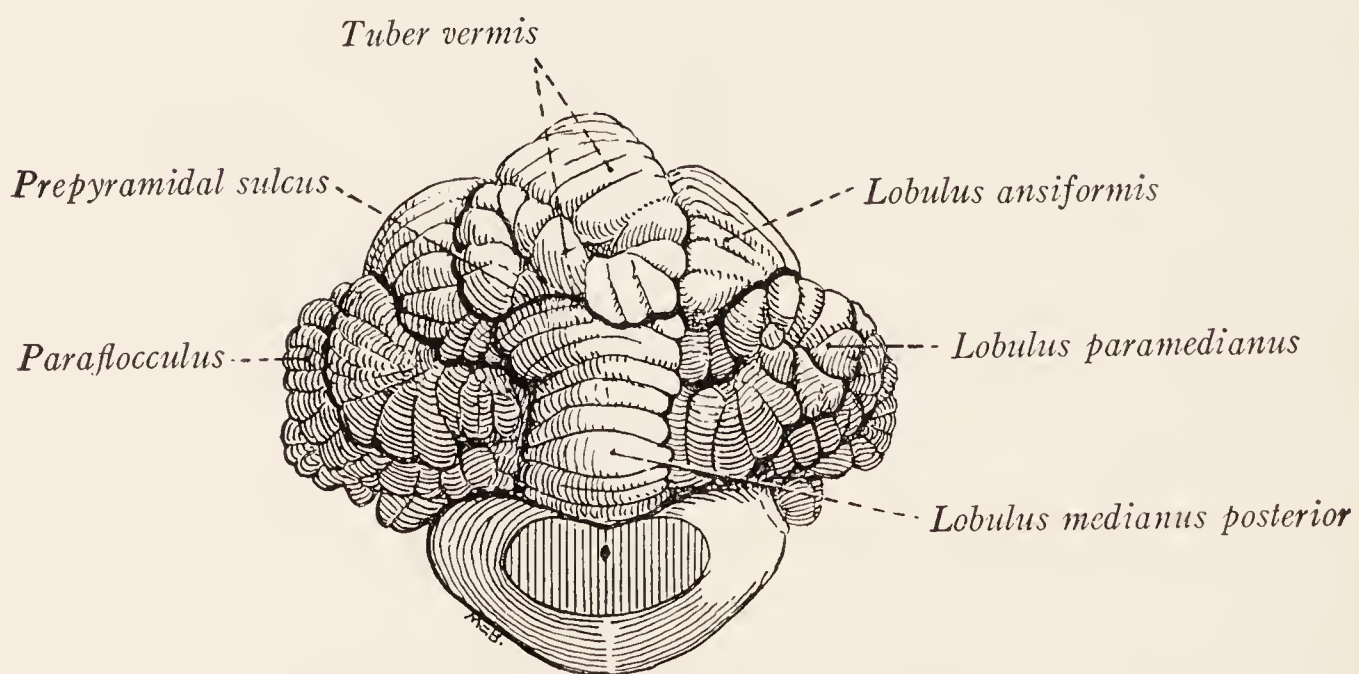


Fig. 388.—Cerebellum of the sheep, caudal view.





Fig. 389.—Dissection of the telencephalon of the sheep to show the lateral ventricle and the structures which form its floor. Dorsal view.

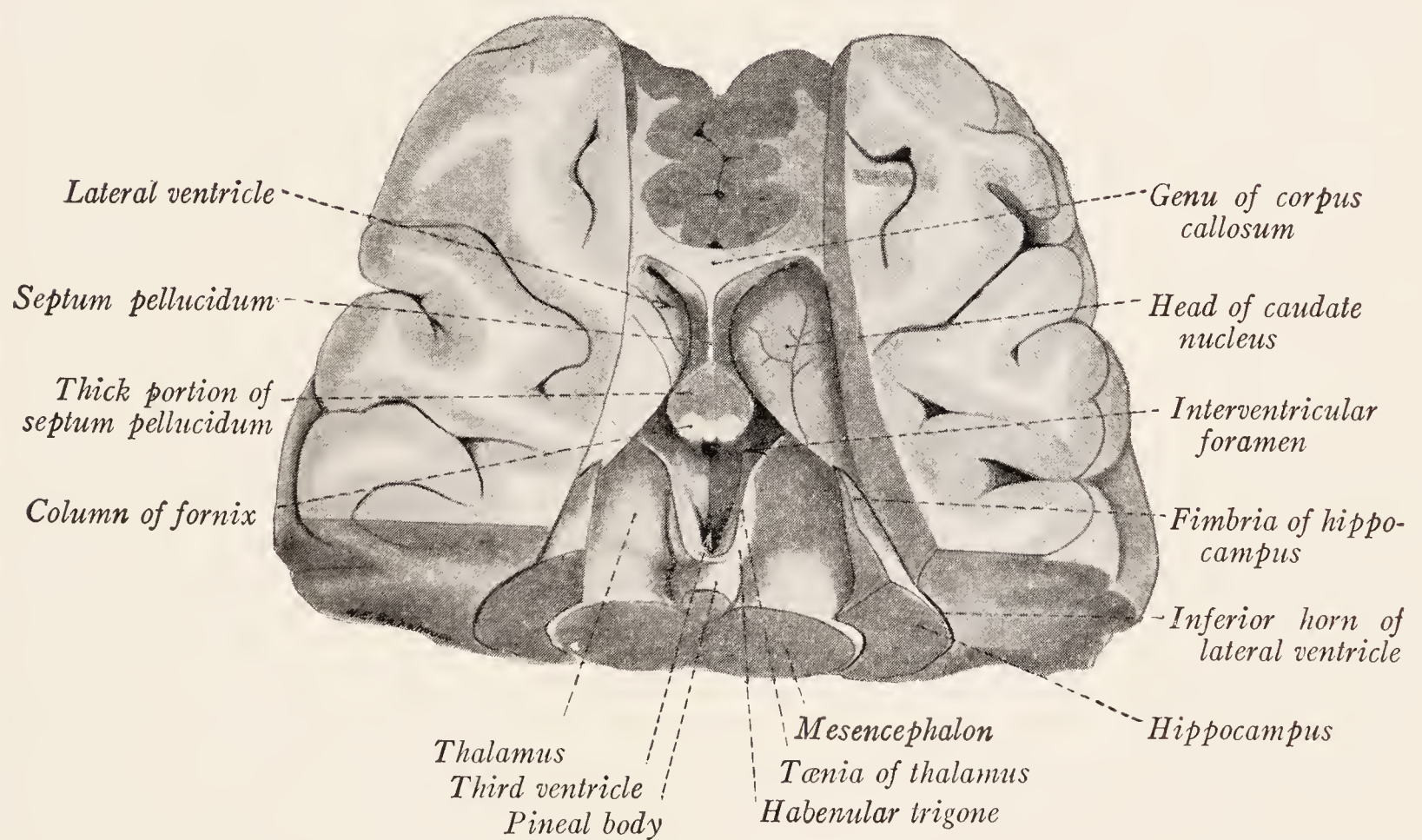


Fig. 390.—Dissection of the rostral part of the sheep's brain to show the relation of the lateral ventricles, fornix, fimbria, and hippocampus to the thalamus and third ventricle. Dorsal view.



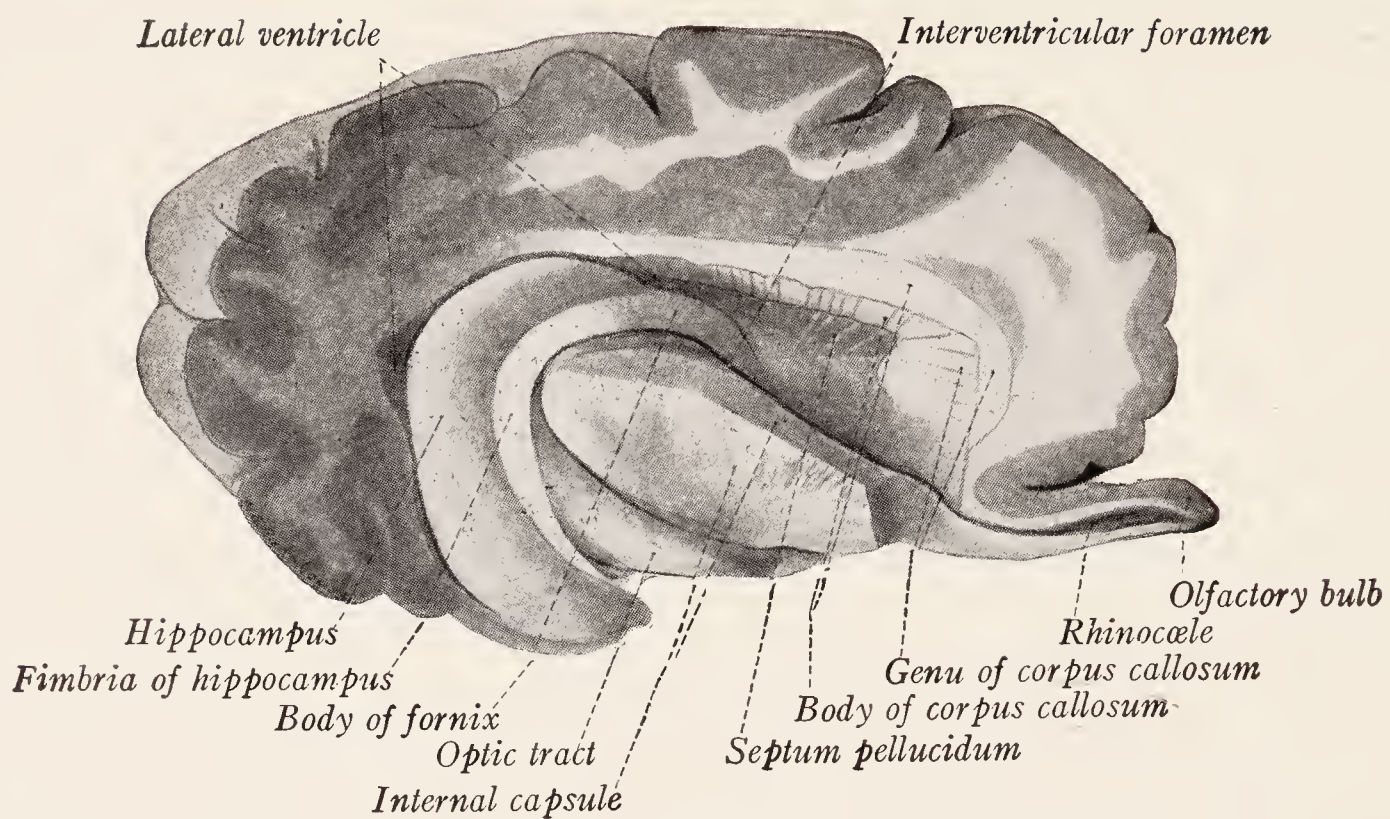


Fig. 391.—Dissection of the cerebral hemisphere of the sheep to show the lateral ventricle. Lateral view.

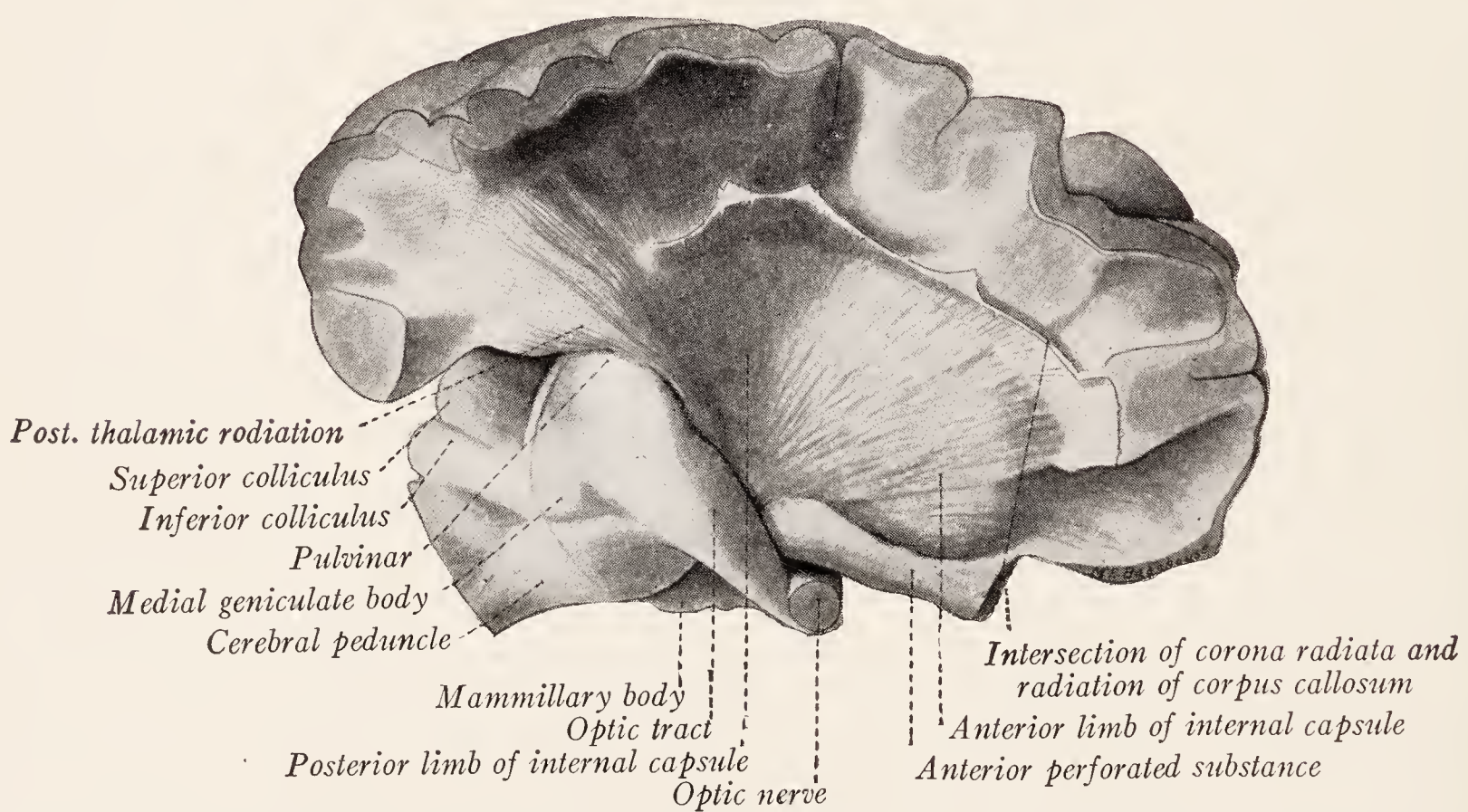


Fig. 392.—Dissection of the cerebrum of a sheep showing the internal capsule and corona radiata. The lentiform nucleus has been removed.



## A LABORATORY OUTLINE OF NEURO-ANATOMY

THE following directions for the study of the gross and microscopic anatomy of the nervous system are intended to aid the student in making the best use of his time and laboratory material.

The outline has been written in such a way that it can be readily adapted by the instructor to meet his own needs. It is assumed that each instructor will furnish his students with a schedule for the laboratory work, showing the number of laboratory periods available and the topics to be covered each period. This will help the student properly to apportion his time and enable the instructor to arrange the order of the laboratory work to his own liking. The paragraphs have been numbered serially in order that in such a schedule they may be referred to by number. It is not necessary that the topics be taken up in their numeric order. If a large amount of drawing is required some topics should be omitted. It is assumed that the instructor will indicate on the laboratory schedule the drawings which he wishes to have made. For this reason we have, for the most part, omitted specific directions for drawings.

No directions have been given for the study of the sheep brain because not all laboratories employ this material and because the way in which it is used varies greatly in the different laboratories.

### METHODS OF BRAIN DISSECTION

Much information concerning the gray masses and fiber tracts of the brain can be obtained by dissection. This should be carried out, for the most part, with blunt instruments. It is rarely necessary to make a cut with a knife. An orangewood manicure stick makes an excellent instrument. It should be rounded to a point at one end for teasing, while the larger end should be adapted for scraping away nuclear masses. A pair of blunt tissue forceps of medium size with smooth even edges and fine transverse interlocking ridges is also an essential instrument. This is useful in grasping and stripping away small bundles of fibers. In dissecting out a fiber tract it is necessary to have in mind a clear idea of the position and course of the tract, and the dissecting instruments should be carried in the direction of the fibers. Where it is necessary to remove nuclear material in order to display fiber bundles, it will be found very helpful to let a stream of water run over the specimen while the dissection is in progress.



## DISSECTION OF THE HEAD OF THE DOGFISH

1. The dogfish is the smallest of the sharks. Either the spiny dogfish (*Squalus acanthias*) or the smooth dogfish (*Mustelus canis*) may be used for dissection.

2. The *special sense organs* include the olfactory organs, the eyes, the ears, and certain sense organs in the skin, known as the lateral line canals, and the ampullæ of Lorenzini.

3. Locate the position of the *lateral line canal* which produces a light colored ridge in the skin extending from head to tail along either side of the body. The line may be recognized by the presence of numerous small pores which open into the canal. It extends on to the head and there forms the supraorbital, infraorbital, and hyomandibular canals. The *ampullæ of Lorenzini* are bulb-shaped bodies connected by long canals with pores in the skin. They are irregularly arranged and are most numerous on the snout.

4. Locate the *olfactory organ* or nasal capsules which have their openings on the ventral surface of the snout in front of the mouth.

5. Note the *gills* and the *spiracles* (Fig. 13). Find two minute apertures near the midline between the spiracles. These are the openings in the *endolymphatic ducts*.

6. The *internal ear*, a membranous labyrinth enclosed in a cartilaginous capsule, should be exposed on the left side. Shave off the cartilage in thin slices in the region between the spiracle and the median plane. The membranous labyrinth can be seen through the translucent cartilage, and care should be exercised to avoid injuring it while the cartilage is being removed. It consists of a spheric sac, the *utricleosaccular chamber*, to which there are attached three *semicircular canals* (Fig. 13). The *endolymphatic duct* is a small canal, which extends from this chamber through the roof of the skull to the small opening in the skin, which has previously been identified. Note the enlargement at one end of each semicircular canal, known as the *ampulla*, and observe that each of these canals lies in a plane at right angles to the planes of the other two.

7. *The Brain and Cranial Nerves*.—Remove the remainder of the roof of the skull and expose the brain, eyes, and cranial nerves.

8. Examine the brain as seen from the dorsal surface. Note the continuity of the *medulla oblongata* with the spinal cord. Identify the *cerebellum*, the *thalamus*, *epiphysis*, *habenula*, *cerebral hemispheres*, and *olfactory bulbs* (Fig. 9 and pp. 10–14).

9. By dissection, display on the left side the *eye-muscles* and the nerves which innervate them, as well as the optic nerve (Fig. 13).

10. Find the *nervus terminalis* (Fig. 9). Now locate each of the *cranial nerves* from the second to the tenth inclusive, and trace them from the brain as far as possible toward their peripheral terminations (Figs. 13, 393).

11. Attention should now be paid to the functional types of nerve-fibers which compose each of the cranial nerves (see pp. 171–173 and Figs. 134, 135). The accompanying table shows in which of the cranial nerves of the dogfish each of the four principal functional groups of fibers are to be found (Herrick and Crosby, 1918).

12. There are six pairs of *cranial nerves associated with the medulla oblongata*. The tenth cranial or *vagus nerve* is one of the largest and arises by two series of roots. One group of rootlets springs from the dorsolateral aspect of the medulla oblongata near its lower end, and contains fibers which are distributed through the branchial and gastro-



intestinal rami of the vagus, while a large root, carrying fibers for the lateral line sense organs, runs farther cephalad and enters the acousticolateral area. The ninth or *glossopharyngeal* nerve, the nerve of the first branchial arch, arises from the medulla ob-

CRANIAL NERVE COMPONENTS OF THE DOGFISH

Somatic sensory.	Somatic motor.	Visceral sensory.	Visceral motor.
II. Optic III. Muscle sense  IV. Muscle sense V. General cutaneous VI. Muscle sense VII. Lateral line fibers  VIII. To the ear IX. Lateral line fibers   X. Lateral line and general cutaneous fibers	  III. To eye-muscles  IV. To eye-muscles  VI. To eye-muscles	I. Olfactory      VII. General visceral and gustatory  IX, X. General visceral and gustatory	    III. For intrinsic muscles of the eye  V. To the jaw muscles   VII. To hyoid muscula- ture  IX, X. To branchial and general visceral mus- culature

longata just ventral to this root of the vagus. Since the gills, as well as the gastro-intestinal tract, are visceral organs, both the ninth and tenth nerves carry many visceral fibers. The eighth or *acoustic nerve* arises from the side of the medulla opposite the caudal part of the cerebellum in company with the fifth and seventh nerves, and ends in the membranous labyrinth of the ear. Like the vagus, the *facial* or seventh cranial nerve has, in addition to its main root, another, which runs further dorsally into the acousticolateral area. This root carries sensory fibers for the lateral line organs of the head. The sixth or *abducens* nerve arises more ventrally at the same level as the eighth. The fifth, or *trigeminal* nerve, which sends many branches to the skin of the head, is represented by a large root emerging from the medulla oblongata in company with the seventh. Some idea of the peripheral distribution of these nerves can be gained from a study of Figs. 13 and 393.

13. The *floor of the fourth ventricle* should now be exposed by carefully tearing away the membranous roof of that cavity. The floor presents for examination a series of longitudinal ridges and furrows which are of importance because they mark the position of *longitudinal columns* (Figs. 10, 12), to each of which a special function can be assigned. A ridge on either side of the midline represents the position of the median longitudinal bundle, beneath which lie the nuclei of the third, fourth, and sixth cranial nerves. Since these nerves supply somatic musculature, the longitudinal elevation marks the position of the *somatic motor column*. Separated from this ridge by a broad furrow is a more prominent ridge with tooth-like secondary elevations. Within this second ridge terminate the fibers of visceral sensation and taste from the seventh, ninth, and



tenth nerves. It is known as the *visceral lobe* or *visceral sensory column*. Beneath the groove which separates these two ridges are located the motor nuclei of the fifth, seventh, ninth, and tenth cranial nerves. These nuclei supply visceral musculature

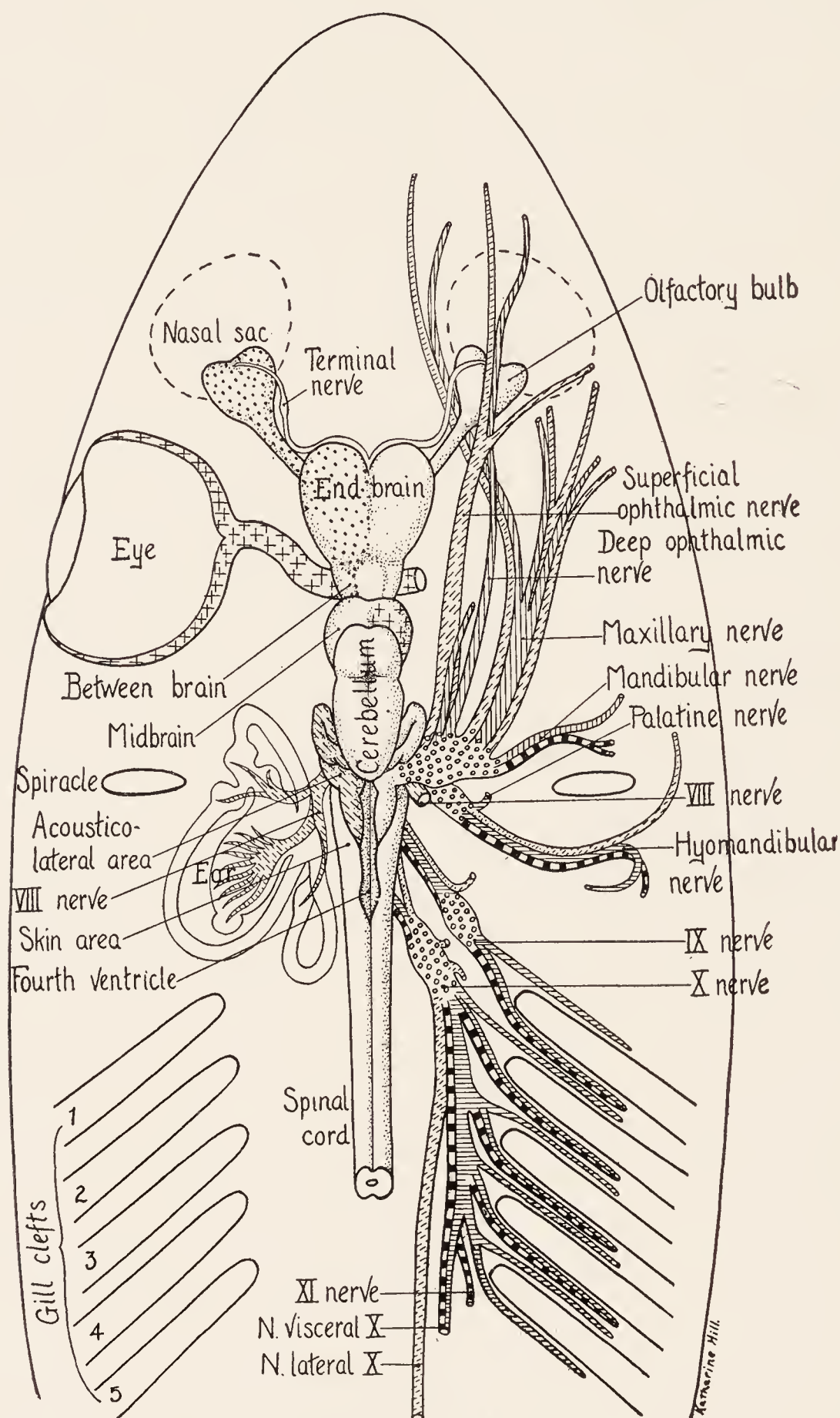


Fig. 393.—Brain and cranial nerves of the dogfish, *Squalus acanthias*. The functional significance of the various parts is indicated as follows: Olfactory, stipple; visual, crosses; acousticolateral, broken oblique lines; visceral sensory, horizontal lines; general cutaneous, vertical lines; visceral motor, black and white rectangles. (From Herrick and Crosby, "A Laboratory Outline of Neurology.")

and constitute the *visceral motor column*. The dorsal part of the lateral wall of the fossa forms another prominent ridge, which just caudal to the cerebellum is redundant and folded on itself to form an ear-shaped projection. This auricular fold, sometimes



called the lobus lineæ lateralis, and the prominent margin just caudal to it belong to the acousticolateral area and contain the centers for the reception of impulses coming from the ear (N. VIII) and from the sense organs of the lateral line (Nn. VII and X). Adjacent to the acousticolateral area is a portion of the medulla oblongata which is concerned with the reception of sensory impulses from the skin which reach the medulla oblongata along the fifth and tenth nerves. The nuclei of the acousticolateral and general cutaneous areas together constitute the *somatic afferent column*.

14. Locate these *functional columns* on your specimen. Note the close relation of the olfactory bulb to the nasal sac. By comparison with Fig. 393 locate on your specimen the olfactory portions of the brain. What part of the brain is especially associated with the eyes?

15. Cut the nerve roots at some distance from the brain. Remove the brain, being careful not to injure the olfactory bulbs. Now study the *lateral* and *ventral surfaces of the brain* in order to locate more accurately the points of origin of the various cranial nerves (Fig. 11).

16. Now study the parts of the brain which belong to the *rhombencephalon*. Which parts are they, and what is their relationship to each other? (Figs. 9, 11 and p. 10.)

17. Study the parts of the brain which belong to the *mesencephalon*. Which are they, and what relationship do they bear to each other? (Figs. 9, 11 and p. 11.)

18. In the same way study the parts belonging to the *diencephalon* (Figs. 9, 11 and pp. 12, 13). Make a list of these parts. Tear away the membranous roof of the third ventricle and examine that cavity.

19. Note the external form of the *telencephalon* and the parts which compose it (Figs. 9, 11). Students working at adjacent tables should coöperate in the work which follows in order that two sharks' brains may be available. With a sharp razor blade divide one in the medial sagittal plane; and with a sharp scalpel open up the ventricles in the other as indicated in Fig. 10. Study the ventricles of the brain as they are displayed in these preparations and in Figs. 10 and 12.

20. Find the *velum transversum* and the ridge produced by the *optic chiasma*. All that part of the brain which lies rostral to these structures belongs to the telencephalon. Study the telencephalon in detail (Figs. 9-12 and p. 13). Of what parts is it composed, and what are their relations to each other? Pay special attention to the several parts of the telencephalic cavity.

### THE BRAIN OF THE FETAL PIG

21. Using a pig embryo of about 35 mm., slice off the skin and a small amount of the underlying tissue on either side of the head with a sharp razor. Then at one careful stroke split the specimen lengthwise in the median plane. This provides two preparations for dissection, which should be used by two students.

22. First study the *medial section of the brain*, noting the five divisions of the brain, the ventricles, and the relation of the cerebral hemispheres to other parts of the brain (Fig. 394, A. See also Figs. 15, 16 and pp. 14-18). Of what three parts is the *cerebral hemisphere* composed? Locate each of the subdivisions of the *diencephalon*. To which part does the pineal body belong? The hypophysis? Locate the *quadrigeminal lamina*, *cerebral peduncle*, *cerebellum*, and *medulla oblongata*.



23. Now turn the specimen over and carefully dissect away what remains of the skin and mesodermal tissues so as to expose the brain and cranial nerves from the lateral side. Identify all the parts labeled in Fig. 394, B.

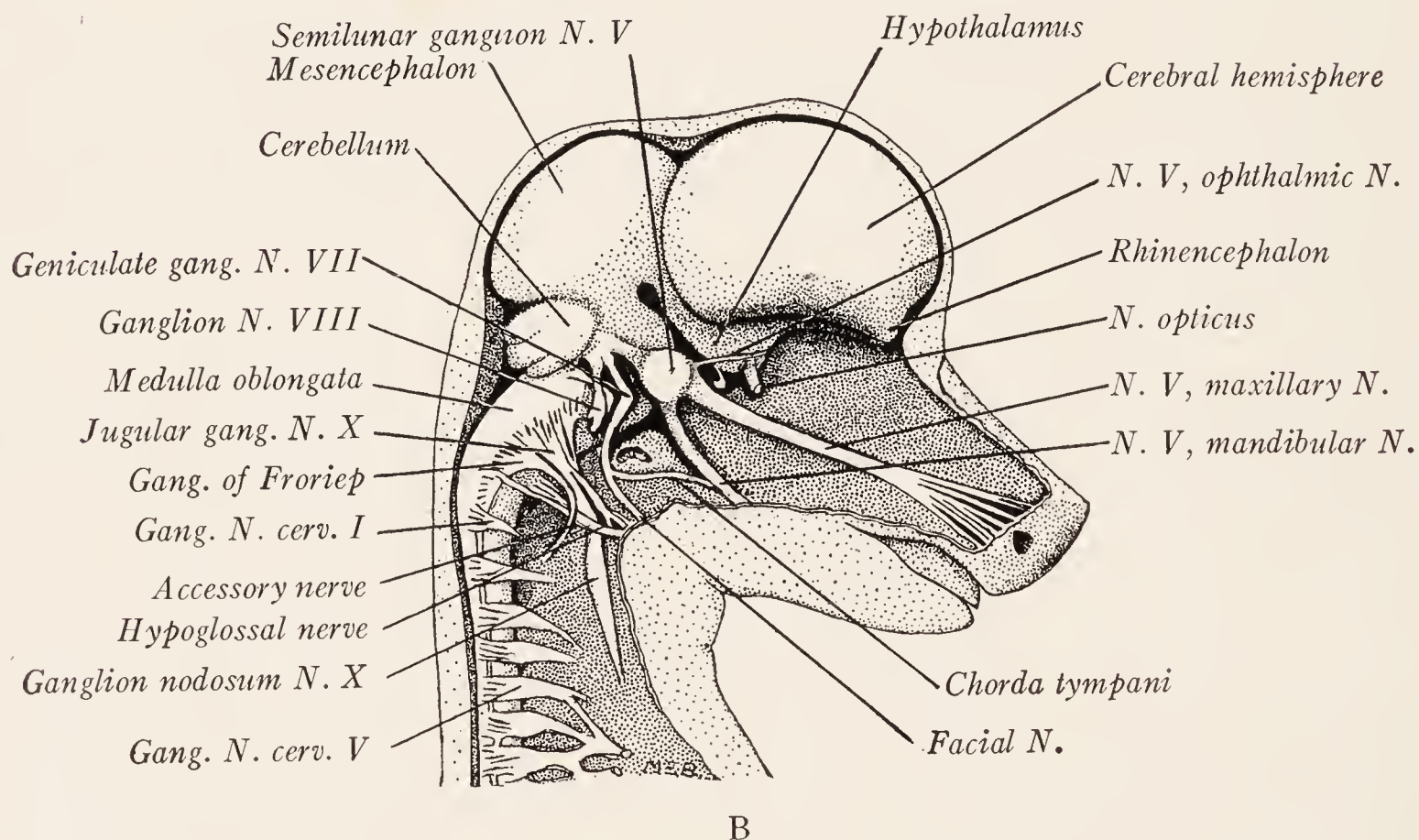
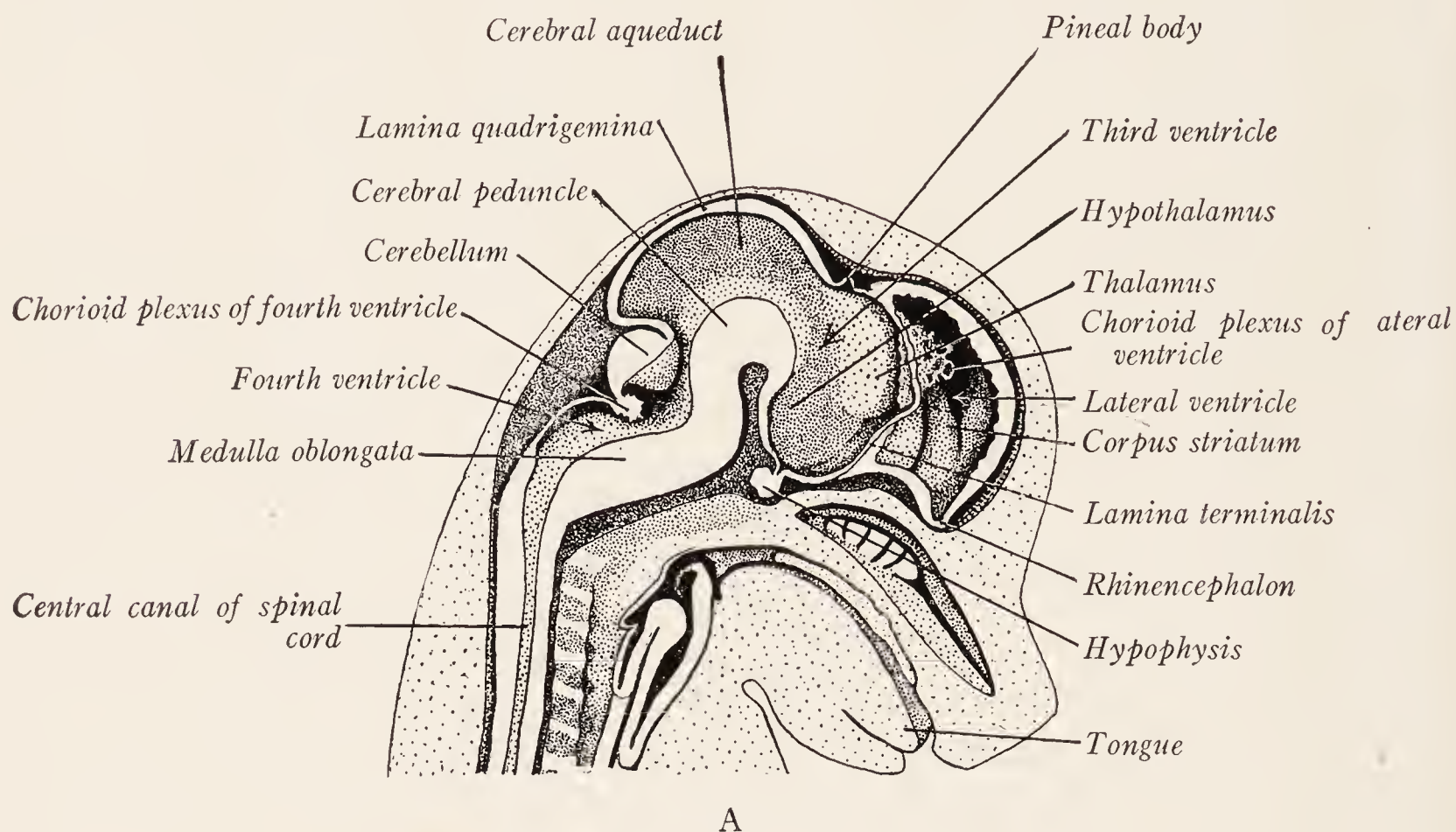


Fig. 394.—Brain of a 35-mm. pig embryo as shown by a medial sagittal section of the head (A) and by a lateral dissection of the head (B). (Redrawn from Prentiss-Arey.)

#### GENERAL TOPOGRAPHY OF THE BRAIN

24. The *adult mammalian brain* should now be compared with that of the shark and with that of the fetal pig. Since it is not desirable to cut at this time the human brains which will be studied later in the course, there should be available in addition



to whole brains others which have been cut in the median sagittal plane. For this preliminary study the brains of sheep, dogs, or cats are as useful as human brains and they can be studied with the aid of Figs. 380–382. Identify all of the chief divisions of the brain, determine their embryologic derivation, and compare them with similar parts in the brains of the shark and fetal pig. (See the table on pp. 16, 120–124, and Figs. 96–98.)

25. By a study of the medial aspect of the half brain ascertain what relations the various subdivisions bear to each other. (See Fig. 98 and pp. 122–124). Note the difference in color between the *cortex* and the *white center of the cerebellum*. Scrape away the superficial gray matter from the rostral end of the one cerebral hemisphere and uncover the white substance beneath. The superficial gray matter is known as the *cerebral cortex*.

### NEUROLOGIC STAINS

Some knowledge of how various stains act on the nervous tissues is essential for an understanding of the special preparations which are to be studied. The technic involved in preparing such material is described in books devoted to technical methods.

26. *Osmic Acid*.—Small nerves may be fixed in osmic acid. This stains the myelin sheaths black. Why? Axons remain unstained.

27. *The Weigert or Pal-Weigert Method*.—When a portion of the brain or spinal cord has been treated for several weeks with a solution containing potassium bichromate (Müller's fluid) the myelin sheaths acquire a special affinity for hematoxylin, by virtue of which they become deep blue in color when stained by this method. Axons, nerve-cells, and all other tissue elements remain colorless unless the preparation has been counterstained. The method is adapted for the study of the development and extent of myelination and for tracing myelinated fiber tracts. This method may also be used for a study of degenerated fiber tracts, which remain colorless in preparations in which the normal fiber tracts are well stained. Weil's method also stains myelin sheaths blue. The preparations are very similar to those made by the Weigert method.

28. The *Marchi method* is a differential stain for degenerating fibers. These contain droplets of chemically altered myelin. The tissue is fixed in a solution containing potassium bichromate (Müller's fluid). This treatment prevents the normal myelinated fibers from staining with osmic acid, but does not prevent the droplets of chemically altered myelin in the degenerated fiber from being stained black by this reagent. In a section prepared by this method the normal myelinated fibers are light yellow, while the degenerated fibers are represented by rows of black dots.

29. The *silver stains*, including the *Bodian*, *Cajal* and *Davenport methods* and the *pyridine-silver technic*, depend upon the special affinity for silver possessed by nerve-cells and their processes. After treatment with silver the tissue is transferred to a solution of pyrogalllic acid or hydroquinon which reduces the silver in the neurons to a metallic state. Nerve-cells and their processes are stained yellow, brown or black by these methods. Myelin sheaths remain unstained. The neurofibrils are stained somewhat more darkly than other parts of the cytoplasm.

30. The *Golgi method* furnishes preparations which demonstrate the external form of the neurons, and make it possible to trace individual axons and dendrites for considerable distances. The method also stains neuroglia. It is selective and rather uncertain in its results, since only a small proportion of the nerve-cells are impregnated



in any preparation. The stain is due to the impregnation of the nerve-cells and their processes with silver.

31. The best stains for demonstrating the tigroid masses or Nissl bodies are *toluidine blue*, *cresyl violet*, and *Nissl's methylene blue*. These are basic dyes; and in properly fixed nervous tissue they color the tigroid masses as well as the nuclear chromatin of nerve-cells blue.

### THE PERIPHERAL NERVOUS SYSTEM

32. *Spinal Nerves*.—Study transverse sections of a cutaneous nerve stained with osmic acid and by the pyridine-silver method (see p. 53 and Fig. 46).

33. Study transverse sections of the ventral and dorsal roots of a spinal nerve stained with osmic acid and by the pyridine-silver method (see p. 54 and Fig. 47).

34. *Spinal Ganglia*.—Study a longitudinal section of a spinal ganglion stained by the pyridine-silver method. The cells of the spinal ganglion and their axons have been described on pp. 51–53 (Fig. 45). Observe the glomeruli at the beginning of the

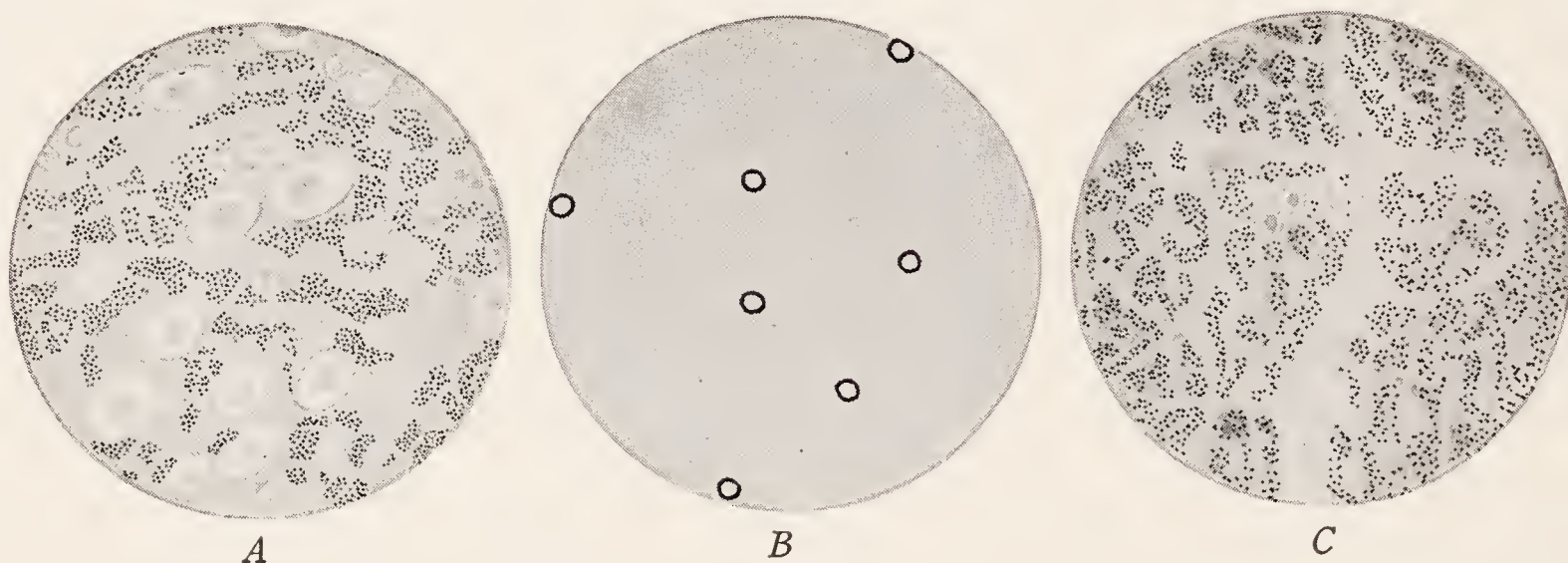


Fig. 395.—From sections of the vagus nerve of the dog: *A*, Below the level of the nodose ganglion, pyridine-silver stain; *B*, at the level of the esophageal plexus, osmic acid; *C*, at the level of the esophageal plexus, pyridine-silver stain.

axons, and the nucleated capsules surrounding the cells and glomeruli. Myelinated axons are stained yellow and unmyelinated axons black by this method. Trace the unmyelinated axons of the small cells and the myelinated axons of the large cells toward the central fiber bundle of the ganglion. As these fibers enter this central bundle look for their bifurcation. A myelinated fiber bifurcates at a node of Ranvier where the axon is constricted; but there is a slight triangular expansion at the point of bifurcation of an unmyelinated axon.

35. Study a section of a spinal ganglion stained with toluidin blue or cresyl violet. Note the variation in size of these ganglion cells. The arrangement of Nissl granules in the most numerous type of large cells is shown in Fig. 26, *B*, and in common types of small cells in Fig. 26, *D* and *E*. Nuclei associated with the capsules surrounding the ganglion cells are shown in Fig. 26, *G*.

36. *The Cranial Nerves*.—These differ in structure depending on the types of fibers they contain. The olfactory nerves are unmyelinated. The majority of the fibers in the *vagus* are unmyelinated and this holds particularly true for the terminal portions of the nerve on the esophagus and stomach. The pharyngeal and superior laryn-



geal branches receive most of the large and medium sized fibers of the vagus so that below the level of the nodose ganglion it contains many more unmyelinated than myelinated fibers. These are represented by black dots in Fig. 395, *A*. The few large fibers that are present below the level of the nodose ganglion are given off in the recurrent laryngeal nerve, and most of the remaining small and medium sized myelinated fibers are given off to the pulmonary plexuses. At the level of the esophageal plexus the vagus contains a very few fine myelinated fibers (Fig. 395, *B*) and enormous numbers of unmyelinated axons (black dots in Fig. 395, *C*). Many of them are sensory fibers arising from cells in the nodose ganglion. Others are preganglionic visceral efferent fibers which have either lost their sheaths during their course down the vagus or have come all the way from the medulla as unmyelinated fibers. Study cross-sections of the vagus nerve cut below the level of the nodose ganglion and at the level of the esophageal plexus. In the dog the vagus and the cervical sympathetic trunk run parallel in the neck and are enclosed in a common sheath. If a section of this vago-sympathetic trunk, stained with osmic acid, is available for study, the vagus can be differentiated because its myelinated fibers vary in size, while those in the sympathetic trunk are all small and are more closely packed together.

37. *The Sympathetic Nervous System*.—The structure of sympathetic nerves and ganglia has been described on pp. 64–68. They may be studied in the laboratory along with the rest of the peripheral nervous system but a consideration of the autonomic nervous system should be deferred until after a study of the cranial nerves and brain stem. Study sections of the cervical sympathetic trunk stained with osmic acid and with silver. It is composed of closely packed fine myelinated preganglionic fibers which are running from the upper thoracic white rami to the superior cervical sympathetic ganglion. With these there are associated a small number of unmyelinated fibers.

38. Study sections of the greater splanchnic nerve stained with osmic acid and with silver. The greater splanchnic nerve is composed of fibers from the lower thoracic white rami which have run for a longer or shorter distance through the sympathetic trunk. Some of these, including myelinated fibers of all sizes as well as unmyelinated axons, are visceral afferent fibers from the spinal ganglia; others are fine myelinated preganglionic fibers from the ventral roots. The greater splanchnic nerve, although much larger, has the same histologic structure as a white ramus. It is important to note that the white rami, sympathetic trunk, and greater splanchnic nerve are better myelinated than is the vagus nerve below the level of the nodose ganglion.

39. Study a section of the internal carotid nerve stained with osmic acid. The internal carotid nerve, like other branches from the sympathetic trunk to the blood vessels, is composed of postganglionic visceral efferent fibers most of which are unmyelinated.

40. Study a section of the human superior cervical sympathetic ganglion stained by the pyridine-silver method. Note multipolar ganglion cells, dendritic glomeruli, capsules surrounding cells and glomeruli, and intra- and extracapsular dendrites. It is difficult to distinguish between long dendrites and the axons of the sympathetic ganglion cells. These postganglionic axons are large and stain lightly in pyridine-silver preparations. Note the fine darkly-stained preganglionic fibers from the cervical sympathetic trunk which intertwine with the long dendrites in the intercellular plexus



and penetrate the capsules to intertwine with the short dendrites within the glomeruli (Fig. 55).

### THE SPINAL CORD

41. Review the development and *gross anatomy of the spinal cord* (pp. 25 and 82–87). Examine the demonstration preparations of the vertebral column, showing the spinal cord exposed from the dorsal side. In these preparations study the meninges and ligamentum denticulatum, as well as the shape and size of the spinal cord. Note the level of the termination of the spinal cord, the level of the origin of the various nerve roots and of their exit from the vertebral canal, and the level of the various segments of the cord with reference to the vertebræ. Note the filum terminale and the cauda equina. Study the meninges and blood-supply of the cord.

42. *The Spinal Cord in Section*.—Examine the Pal-Weigert sections of the cervical, thoracic, lumbar, and sacral regions, and from them reconstruct a mental picture of the topography of the entire cord. How does it vary in shape and size at the different levels? Identify all the fissures, sulci, septa, funiculi, gray columns, commissures and nerve roots, the reticular formation, the substantia gelatinosa and the caput, cervix, and apex of the posterior gray column. (See pp. 87–93.)

43. *The Microscopic Anatomy of the Spinal Cord*.—Study all of the histologic preparations of the spinal cord which have been furnished you. (See pp. 94–98.) Study the neuroglia in Golgi preparations. Study the pia mater, septa, blood vessels, and ependyma in hematoxylin and eosin preparations. Study the nerve cells in Nissl, Golgi, and silver preparations. Study the myelinated fibers in Weigert preparations and both the myelinated and unmyelinated fibers in the silver preparations. Note the arrangement of each of these histologic elements and be sure that you understand the relations which they bear to each other.

44. *Draw* in outline, ventral side down, each of four Pal-Weigert sections taken, respectively, through the cervical, thoracic, lumbar, and sacral regions of the human spinal cord. Make the outlines very accurate in shape and size, with an enlargement of 8 times. Put in the outline of the gray columns, the central canal, and the substantia gelatinosa Rolandi. Put each outline on a separate sheet and do not ink the drawings at present.

45. Identify the various *cell columns* in the gray matter and note how they vary in the different levels of the cord (Nissl or counterstained Weigert preparations). (See pp. 96–98 and Figs. 80, 81.) Indicate these cell groups in their proper places in the four outline sketches of the spinal cord. What becomes of the axons arising from each group of cells? Why are the anterolateral and posterolateral cell groups seen only in the regions associated with the brachial and lumbosacral plexuses? The intermediolateral column only in the thoracic and highest lumbar segments? Why is the gray matter most abundant in the region of the intumescentiæ and the white matter most abundant at the upper end of the spinal cord?

46. What elements are concerned in spinal reflexes? (See pp. 98–102.)

47. What connections do the fibers of the *spinal nerves* establish in the spinal cord? What is the origin and the peripheral termination of the somatic efferent fibers, of the visceral efferent fibers, of the somatic afferent fibers, and of the visceral afferent fibers of the spinal nerves? (See pp. 49, 50 and Fig. 43.) What are the proprioceptive and exteroceptive fibers, and in what peripheral structures do they end? (See pp. 54–61.)



48. In a pyridine-silver preparation of the cervical spinal cord of a cat, note that as the *dorsal root* enters the cord the unmyelinated fibers run through the lateral division of the root into the dorsolateral fasciculus (Fig. 87). The medial division of the root is formed of myelinated fibers which enter the posterior funiculus. Read about the intramedullary course of these fibers (pp. 103–106).

49. The *fiber tracts*, of which the white substance is composed, cannot be distinguished in the normal adult cord. They can be recognized from differences in the degree of their myelination in fetal cords and in preparations showing degeneration resulting from disease or injury in various parts of the nervous system (p. 113; Figs. 90, 91). From such preparations as are available for this purpose and from your reading (pp. 103–119) form a clear conception of the origin, course, and termination of each of the fiber tracts.

50. Indicate the location of each of these tracts in the outline drawing of the cervical portion of the spinal cord, entering the ascending tracts and the ventral corticospinal tract on the right side, and all of the descending tracts except the ventral corticospinal tract on the left side. Why should the ventral and lateral corticospinal tracts be indicated on opposite sides of the cord? Wax crayons should be used to give the several tracts a differential coloring. Use the following color scheme:

Somatic afferent tracts:

Proprioceptive—yellow.

Exteroceptive—blue.

Somatic motor tracts:

Corticospinal tracts—red.

Rubrospinal tract—brown.

All other tracts—black.

51. The fasciculus cuneatus and fasciculus gracilis should be colored yellow and then dotted over with blue to indicate that while the proprioceptive fibers predominate, there are also some exteroceptive fibers in these tracts.

52. Study the first five clinical illustrations (pp. 466–471) and write an explanation of the symptoms in terms of the locations of the lesions and the functions of the parts destroyed.

53. Now take the human brain and identify all of its principal divisions. Dissect out the *arterial circle of Willis*, and identify the branches of the internal carotid, vertebral, and basilar arteries and their branches (Figs. 271–273 and pp. 341–344).

54. Study the venous drainage of the brain (pp. 345, 346).

55. Study the meninges and cerebrospinal fluid (pp. 337–341).

56. Identify all of the cranial nerves (Figs. 97, 99).

57. Locate the cerebellar peduncles. Examine demonstration preparations in which the three peduncles have been exposed by dissection (Fig. 100). Now remove the cerebellum from the previously intact brain. Cut through the peduncles on both sides of the brain as far as possible from the pons and medulla, sacrificing the cerebellum slightly if necessary in order to leave as much of the peduncles as possible attached to the brain stem.

58. Study the *roof of the fourth ventricle* (p. 131 and Figs. 98, 102, 166, 167). Examine the chorioid plexus of the fourth ventricle. Note the line of attachment of the tela chorioidea. Tear this membrane away. The torn edge which remains attached to the



medulla is the tænia of the fourth ventricle (Fig. 101). Study the attachments of the anterior medullary velum and the decussation of the trochlear nerve within the velum. Remove this membrane. The floor of the fourth ventricle is now fully exposed.

59. Remove the pia mater from the brain stem, carefully cutting around the roots of the cranial nerves with a sharp-pointed knife to prevent these nerves being torn away from the brain when this membrane is removed.

60. Carefully examine the *medulla, pons, floor of the fourth ventricle*, and the *mesencephalon*, observing all the details mentioned on pp. 124–133 and illustrated in Figs. 97, 100, 101.

61. Take the transverse *sections through the human brain stem* which have been provided and, by comparison with the gross specimen, determine the level of each section. Draw in outline each of these transverse sections through the brain stem. Put each drawing on a separate page, ventral side down, with the transverse diameter corresponding to the longer dimension of the paper. Study each preparation in detail and identify all of the parts, indicating them lightly in pencil. Do not label the drawings at this time. Make sure that all proportions are correct. The sections through the medulla should be enlarged eight diameters, those through the pons and mesencephalon four diameters.

62. If the instructor feels that too much time would be occupied in making these drawings, the students may be allowed to study the preparations without drawing them at this time. In that case when the functional analysis of the brain stem is taken up, the colored record of that analysis can be made on sheets of tracing paper, covering Figs. 109, 110, 112, 114, 122, 123, 125, 129, 131. Where this plan has been used it has saved a great deal of time and has resulted in a more satisfactory record of the functional analysis. Each sheet of tracing paper is pasted along its inner edge to the page carrying the figure to be analyzed. The outside outline of the figure is traced in black ink. After the nine figures have been covered and outlined in this way the various fiber tracts and nuclei can be entered in their proper colors and correct positions in these outlines as the various functional systems are studied in detail.

63. *Section Through the Decussation of the Pyramids.*—Keep in mind the tracts which extend into the brain from the spinal cord and note the changes in their form and position. Identify the decussation of the pyramids, the nucleus gracilis and nucleus cuneatus, the spinal root of the trigeminal nerve and its nucleus, the reticular formation. Note the change in the form of the gray substance (Figs. 105, 106, 109, 277, 279, 281, 283).

64. *Section Through the Decussation of the Lemniscus.*—Note the rapid change in the form of the gray matter. Identify the internal and external arcuate fibers, the decussation of the lemniscus and the beginning of the medial lemniscus, as well as the structures continued up from the preceding level (Figs. 107, 110, 283, 285).

65. *Section Through the Olive and the Hypoglossal Nucleus.*—At this level the central canal opens out into the fourth ventricle. The posterior funiculi and their nuclei are disappearing or have disappeared. The dorsal spinocerebellar tract lies lateral to the spinal tract of the trigeminal nerve and is directed obliquely backward toward the restiform body. Identify, in addition to those structures which are continued from the preceding level, the inferior olivary nucleus with the olivocerebellar fibers, the dorsal and medial accessory olivary nuclei, the external arcuate fibers, the



nucleus and fibers of the hypoglossal nerve, the dorsal motor nucleus of the vagus, the tractus solitarius and its nucleus, the nucleus ambiguus and the lateral reticular nucleus (Figs. 108, 112, 287, 289).

66. *Section Through the Restiform Body.*—The restiform body and the spinal tract of the fifth nerve are conspicuous in the dorsolateral part of the section. In the floor of the fourth ventricle locate the nucleus of the hypoglossal nerve, the dorsal motor nucleus of the vagus, the medial and the spinal vestibular nuclei. The spinal tract of the fifth nerve and its nucleus are deeply situated ventral to the restiform body and broken up by the olivocerebellar fibers (Figs. 114, 291).

67. *Section Through the Lower Margin of the Pons.*—Identify such portions of the pons, brachium pontis, and cerebellum as are contained in the section. Dorsolateral to the restiform body is the dorsal cochlear nucleus, and ventrolateral to it the ventral cochlear nucleus. Identify the striæ medullares and the medial and lateral vestibular nuclei (Figs. 122, 293, 295).

68. *Section Through the Facial Colliculus.*—Differentiate between the ventral and the dorsal portions of the pons, and in the ventral portion identify the longitudinal fasciculi, transverse fibers, and the nuclei pontis. In the dorsal part identify the nuclei and root fibers of the sixth and seventh nerves including the genu of the seventh nerve. Locate the spinal tract of the fifth nerve and its nucleus, the trapezoid body, and superior olivary nucleus (Figs. 123, 297, 299, 301).

69. *Section Through the Middle of the Pons Showing the Motor and Main Sensory Nuclei of the Fifth Nerve.*—In addition to these nuclei note the beginning of the mesencephalic root of the fifth nerve. The brachium conjunctivum makes its appearance in the dorsal part of the section (Figs. 125, 301, 303).

70. *Section Through the Inferior Colliculus.*—Identify the basis pedunculi, substantia nigra, medial and lateral lemnisci, cerebral aqueduct, central gray matter, mesencephalic root of the fifth nerve, fasciculus longitudinalis medialis, nucleus of the trochlear nerve, and the decussation of the brachium conjunctivum (Figs. 128, 129, 309, 311).

71. *Section Through the Superior Colliculus.*—Identify, in addition to the structures continued upward from lower levels, the red nucleus, the nucleus of the third nerve, and the root fibers of that nerve, the ventral and dorsal tegmental decussations, the inferior quadrigeminal brachium, and the medial geniculate body (Figs. 131, 313, 315).

## THE CEREBELLUM

72. On the cerebellum identify the vermis, hemispheres, lobules, and divided peduncles (Figs. 153–156).

73. Divide the cerebellum in the median plane. In the medial sagittal section identify the white medullary body of the cerebellum, the arbor vitæ, cerebellar cortex, folia, and sulci (Figs. 98, 158, *B*). Cut the right half into horizontal sections and the left into sagittal sections and study the medullary center and nuclei of the cerebellum (Figs. 158–160).

74. Study the histologic sections of the cerebellar cortex and master the details of its structure (Figs. 163, 164; pp. 207–210).



## FUNCTIONAL ANALYSIS OF THE BRAIN STEM

75. Review the sections of the brain stem as directed in the following paragraphs, paying special attention to the functional significance of the various nuclei and fiber tracts as far as they can be followed in the series of sections. In general, the afferent tracts and nuclei should be entered in color on the right side of the drawings already made, and the efferent tracts and nuclei on the left side. But this order must be reversed in certain cases to allow for the decussation of the tracts. Label the various tracts and nuclei. Use the following color scheme:

Somatic afferent:

Exteroceptive—blue.

Proprioceptive—yellow.

Visceral afferent—orange.

Visceral efferent—purple.

Somatic efferent—red.

All cerebellar connections not strictly proprioceptive—brown.

Other tracts—black.

## PROPRIOCEPTIVE PATHS AND CENTERS (pp. 317–321)

76. The *cerebellum* is the chief proprioceptive correlation center, and the *restiform body* consists for the most part of proprioceptive afferent paths (Fig. 255). Note its shape, position, and connections in all the gross specimens.

77. Now take the sections of the medulla, locate the *dorsal spinocerebellar tract* in each, and indicate its position in yellow on the right side of your outlines. Locate the *external arcuate fibers*. From where do they come and where do they go? Draw in yellow those belonging to the right peduncle. Locate in your sections the *olivo-cerebellar tract*, and with brown indicate in your outline the fibers running into the right peduncle (Fig. 114).

78. From your text ascertain the course of the *ventral spinocerebellar tract* and indicate its position in yellow on the right side of the outlines (Fig. 161; p. 161).

79. *Proprioceptive Path to the Cerebral Cortex*.—Indicate in yellow the terminal portion of the right *dorsal funiculi*, and with yellow stipple the right *nucleus gracilis* and *nucleus cuneatus* (Figs. 109, 110). Study the internal arcuate fibers and the medial lemniscus, drawing the internal arcuate fibers from right to left and the medial lemniscus on the left side (yellow). Where do the fibers of the medial lemniscus terminate? What is the source and what the destination of the impulses which they carry? Insert the medial lemniscus in its proper place in each of the outlines. (See Figs. 112, 114, 122, 123, 125, 129, 131, 255; pp. 139, 317.)

80. Locate the *vestibular nuclei* and indicate them with yellow stipple on the right side of the outlines (Figs. 112, 114, 122, 123). Locate the vestibulocerebellar tract (Figs. 123, 151).

## EXTEROCEPTIVE PATHS AND CENTERS (pp. 309–316)

81. *The Cochlear Nerve and Its Connections*.—On the brain find the acoustic nerve and the ventral and dorsal cochlear nuclei (Figs. 100, 122). Locate the lateral lemniscus where it forms a flat band of fibers directed rostrally and dorsally upon the lateral surface of the mesencephalon. It occupies a triangular space dorsal to the



basis pedunculi and rostral to the pons and is superficial to the brachium conjunctivum (Fig. 100).

82. Now take the section through the lower border of the pons and study the *cochlear nuclei* (Fig. 122). In the section through the facial colliculus study the trapezoid body and the superior olivary nuclei (Fig. 123). In the section through the middle of the pons identify the *lateral lemniscus* (Fig. 125). Trace this tract to the inferior colliculus (Fig. 129) and through the inferior quadrigeminal brachium to the medial geniculate body (Figs. 129, 131). Color these central connections of the cochlear nerve blue, indicating the cochlear nuclei on the right side and the lateral lemniscus on the left (Figs. 149, 352–354; pp. 188–191). In Figs. 352–354 the dorsal cochlear nucleus is labeled, dc, and the ventral cochlear nucleus, vc.

83. Locate the *sensory nuclei of the fifth nerve* in the sections and indicate them with colored stipple on the right side of the drawing (pp. 158, 184; Fig. 146); the *mesencephalic nucleus*, yellow (Fig. 129); the *main sensory nucleus*, blue (Fig. 125); the *nucleus of the spinal tract*, blue (Figs. 109, 110, 112, 114, 122, 123). At the same time color the spinal tract of the right side blue. What becomes of the fibers which arise from the cells of the main sensory and the spinal nuclei of the trigeminal nerve? (See pp. 185, 314; Fig. 252.)

84. From the text ascertain the course of the *spinothalamic tracts* and trace them up through the brain stem (Figs. 250, 251, 254). Where do these fibers come from, and where do they end? What kind of sensations do they mediate? Enter them in blue on the right side of your drawings. (See pp. 110, 310–312.)

#### VISCERAL AFFERENT PATHS AND CENTERS

85. Identify the *tractus solitarius and its nucleus* (Figs. 112, 114, 135, 347–351, sol). What is the origin, termination, and function of the fibers constituting this tract? (See pp. 183, 184.) Indicate the tract with orange and the nucleus with orange stipple on the right side of your drawing.

#### VISCERAL MOTOR CENTERS

86. In the sections of the brain stem identify the *dorsal motor nucleus of the vagus* (Figs. 112, 114) and the following special visceral motor nuclei: the *nucleus ambiguus* (Figs. 112, 114), the *motor nucleus of the fifth* (Fig. 125), and the *motor nucleus of the seventh nerve* (Fig. 123). In Figs. 342–352 the dorsal motor nucleus of the vagus is labeled d mo vg and the nucleus ambiguus, amb; in Figs. 358–360 the motor nucleus of the fifth nerve is labeled mo v; in Figs. 353–356 the motor nucleus of the seventh nerve is labeled fac. Stipple these nuclei purple on the left side. How are visceral afferent and efferent elements connected to form visceral reflex arcs? (See pp. 177, 180.)

#### SOMATIC MOTOR TRACTS AND CENTERS

87. *The Corticospinal Tracts*.—From the cerebral cortex the fibers of the pyramidal tract run through the internal capsule and brain stem to the somatic motor and special visceral motor nuclei of the cranial nerves and to the anterior gray column of the spinal cord. Examine again the series of sections through the brain stem and color the corticospinal tract red on the right side of your drawings. Draw the fibers from the right tract backward and to the left in the decussation (Fig. 257; pp. 138, 323).



88. With red stipple indicate the *somatic motor nuclei* on the left side of your drawings. Which nuclei are they? (See pp. 173–177.)

### CEREBELLAR CONNECTIONS

89. Review the *cortico-ponto-cerebellar path* in your sections (Figs. 121, 132). Color the corticopontile tracts of the left side brown. Indicate the nuclei pontis of the left side by brown stipple. Draw the transverse fibers of the pons from the left nuclei pontis to the right brachium pontis (Fig. 121; pp. 152–154).

90. In your sections trace the *brachium conjunctivum* rostrally, noting its decussation and termination (Figs. 125, 127, 129, 131). Indicate it in brown on your drawings, beginning on the left side (Fig. 125) and tracing it through the decussation to the right red nucleus. Stipple the right red nucleus with brown. (See pp. 162, 331.)

91. *The Rubrospinal Tract.*—Trace the rubrospinal tract from the red nucleus through the ventral tegmental decussation (Fig. 131) and the reticular formation of the brain stem. In the reticular formation it occupies a position ventromedial to the nucleus of the spinal root of the trigeminal nerve (Figs. 130, 254; pp. 164, 331). Color it brown on the left side of your drawings.

### THE RETICULAR FORMATION

92. Study the *reticular formation* in the various sections. Of what is it composed? How many kinds of internal arcuate fibers can you find? What is the source of the longitudinal fibers of the reticular formation? Locate the tectospinal tract and indicate it in black on the left side of your drawings. (See pp. 145, 146.)

93. *The Fasciculus Longitudinalis Medialis.*—Examine all nine sections, and enter this bundle in black on both sides of your drawings. What is the source of its fibers and what is its function? (See Fig. 124; pp. 156, 165.)

### PROSENCEPHALON

94. With a sharp brain knife divide the human brain exactly in the median sagittal plane, and then cut the left cerebral hemisphere into a series of frontal sections. The planes of the sections should pass through (1) the rostrum of the corpus callosum, (2) the anterior commissure, (3) the mammillary body, (4) the habenular nucleus, (5) the pineal body and the splenium of the corpus callosum (Figs. 208–212). It will be helpful if special dissections such as those illustrated in Figs. 100, 167, 200, 204, 205, 214, and 217 are available for study. Examine the median surface of the right cerebral hemisphere and identify the parts of the prosencephalon illustrated in Fig. 166.

95. *Diencephalon.*—Study the *thalamus* as it appears in all of these preparations (pp. 215–217). Examine the dorsal surface of the thalamus in a demonstration preparation (Fig. 167). The lateral surface of the thalamus rests against the internal capsule, as can be readily understood from a study of frontal sections of the hemisphere (Figs. 210, 211). The medial surface forms a part of the wall of the third ventricle (Fig. 166).

96. Study the *epithalamus*. Of what parts is it composed? (See Figs. 166, 167; p. 225.)

97. Locate all the parts which belong to the *hypothalamus* (Figs. 99, 166; p. 226).

98. Study the shape and boundaries of the *third ventricle* (Fig. 166; p. 213).



99. *The Metathalamus*.—Examine the ventral, lateral, and dorsal surfaces of a special dissection such as that illustrated in Fig. 166. Locate the medial and lateral geniculate bodies and their brachia. Note their relation to the optic tract, pulvinar, and corpora quadrigemina (see pp. 222, 223).

100. In the frontal sections of the left human cerebral hemisphere identify the various parts of the diencephalon (Figs. 210, 211). From these sections something can be learned concerning the *internal structure of the thalamus*, but more information can be obtained on this subject from sections stained by the Weigert method (Figs. 169, 335–338, 372–378; p. 217). In these sections trace the basis pedunculi into the internal capsule and the medial lemniscus into the thalamus.

101. *Surface Form of the Cerebral Hemispheres*.—Examine the basal surface of the cerebral hemisphere. Note the parts belonging to the rhinencephalon including the olfactory bulb, olfactory tract, medial and lateral olfactory striæ, anterior perforated substance, uncus and part of the hippocampal gyrus. The olfactory cortex or archipallium is overshadowed by the neopallium which covers nearly all of the surface of the cerebral hemisphere (Fig. 97).

102. Examine the right cerebral hemisphere and identify the poles, fissures, sulci, lobes, and gyri (Figs. 193–199; pp. 243–251). Draw the margins of the lateral fissure apart and locate the insula (Fig. 196). Study the insula in the frontal sections through the left cerebral hemisphere (Figs. 208–211; p. 247).

103. Study the *corpus callosum* and *septum pellucidum* in the median sagittal section and frontal sections of the hemisphere and in such demonstration preparations as are available (Figs. 98, 166, 200, 208–212; p. 252).

104. *The Lateral Ventricles* (pp. 254–259).—Examine the lateral ventricle in such demonstration preparations as may be available (Figs. 204, 205, 226). Study the lateral ventricle as seen in the frontal sections of the left hemisphere of the human brain (Figs. 208–212, 368–379). Endeavor to reconstruct a mental picture of its shape (Figs. 201–203; pp. 254–259). The chorioid plexus will have been damaged when the brain was cut, but remnants of it can be found and examined.

105. *The Corpus Striatum* (pp. 259–265).—Examine again the caudate nucleus as it bulges into the lateral ventricle (Fig. 204). Study the corpus striatum in frontal sections of the cerebral hemisphere (Figs. 208–211).

106. Now take the frontal sections of the left hemisphere of the human brain and identify the various parts of the internal capsule (Figs. 208–212, 368–378). Study special dissections of the internal capsule furnished as demonstration preparations (Figs. 100, 216, 217).

107. Study a horizontal section stained by the Weigert method through the internal capsule and basal ganglia. From this section and from the dissections endeavor to form a clear mental picture of the internal capsule and its relations (Figs. 214, 215, 335, 338; pp. 265–269).

108. If time permits it will be profitable to study a series of sections through the internal capsule and basal ganglia. Figures 317–329 represent a series of sections cut approximately at right angles to the long axis of the brain stem. All these sections are below the level of the anterior limb of the internal capsule and all except the first pass through the subthalamus and the subthalamic portion of the internal capsule. In each the retrolenticular portion of the internal capsule is clearly defined, but the sublenticular



portion is seen only in the lowest section of the series. As the series is followed from below upward the basis pedunculi becomes the subthalamie portion of the internal capsule, which does not possess an anterior limb, but consists of a broad plate of fibers slightly concave on the side toward the diencephalon. Figures 332–335 and 338 represent three horizontal sections through the basal ganglia and internal capsule.

109. *Rhinencephalon*.—Study the olfactory portions of the brain to be seen on the surface of the right cerebral hemisphere and in the frontal sections of the left hemisphere (Figs. 99, 208–211; pp. 274–278). Figures 205, 225, 226, 228, and 230 will help in forming from a study of the frontal sections a composite picture of the hippocampus and fornix. Examine the anterior commissure, fornix, fimbria, hippocampus, alveus, fascia dentata, and hippocampal fissure.

110. *The Cerebral Cortex*.—On the right hemisphere of the human brain identify the motor, somatesthetic, auditory, and visual centers (pp. 298–304). With a scalpel remove a cube of cortex and subjacent white matter from each of these areas. Each block should measure about 1 cm. in each dimension. With a sharp razor make a section through each of these blocks at right angles to the surface of the cortex and

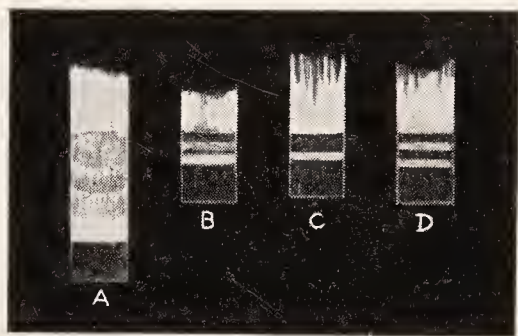


Fig. 396.—Diagram showing the differences in thickness and in the arrangement of the lighter and darker bands in the human cerebral cortex in different regions as seen with the naked eye: *A*, Motor cortex from anterior central gyrus; *B*, sensory cortex from the posterior central gyrus; *C*, visual cortex from the region of the calcarine fissure; *D*, auditory cortex from the anterior transverse temporal gyrus. (Redrawn after Elliot Smith.)

perpendicular to the long axis of the gyrus from which the block was cut. Note the differences in thickness of the cortex in the various regions. Observe the white striations in the cortex, and note how these differ in the several specimens (Fig. 396). Study the stained and mounted sections of the cerebral cortex which are furnished you. What details of cell and fiber lamination do these preparations show, and how does this lamination differ in the several regions of the cortex? (See Figs. 240, 241; pp. 293–297.)

111. *Association Fibers*.—In special dissections furnished as demonstration preparations study the *association fiber bundles* (Figs. 200, 218–221; pp. 270–273). If the human brain is reasonably well preserved the larger bundles of association fibers may be easily exposed by dissection. This can be done on the right hemisphere. But if the material is very soft this half of the brain can more profitably be laid into a series of horizontal sections and these used for a review of the form and relations of the component parts of the cerebral hemisphere. If the material is suitable, make the following review dissection.

112. *Review Dissection of the Human Brain*.—Take the right half of the human brain and scrape away the cerebral cortex from a portion of the dorsal surface of the frontal lobe. This will expose the short association or arcuate fibers (Fig. 218).



113. Now make a horizontal section through the hemisphere parallel to the dorsal surface of the corpus callosum and  $\frac{3}{8}$  inch dorsal to it. Note the *centrum semiovale*. Scrape away the cortex of the gyrus cinguli and the white matter immediately subjacent to it. In making this dissection carry the orangewood stick in an anteroposterior direction, removing the white matter a little at a time until a longitudinal bundle of fibers, the *cingulum*, is exposed (Fig. 200). The indusium griseum and striæ longitudinales should now be uncovered.

114. Remove the cingulum, scrape away the indusium griseum, and expose the radiation of the corpus callosum as indicated on the right side of Fig. 200, but do not cut the sagittal strata or expose the tapetum at this time.

115. Using tissue forceps and starting at the cut surface, pull away small pieces of the parietal operculum by upward traction. Note the bundles of transverse fibers which enter this operculum from the corpus callosum and internal capsule. These intersect at right angles with the fibers of the *superior longitudinal fasciculus* which should come into view as the dissection progresses (Fig. 200). The transverse bundles should be made to break off at the point where they pass through the superior longitudinal fasciculus. Complete the dissection of this fasciculus, carrying the dissecting instrument in the direction of its fibers. Now demonstrate the intersection of the corona radiata with the radiation of the corpus callosum (Fig. 200). By this dissection the insula and the dorsal surface of the temporal lobe have been exposed. Note in particular the transverse temporal gyri.

116. Now dissect away the dorsal part of the temporal lobe and remove the insula. This will expose the *uncinate and inferior occipitofrontal fasciculi* as well as the *external capsule* (Fig. 219). These fiber bundles can best be displayed by carrying the dissecting instrument in the direction of the fibers. Complete the dissection of the corona radiata.

117. Now turn the specimen over and make a dissection of the *column of the fornix and the mammillothalamic tract* as in Fig. 230, but do not cut away the brain stem as indicated in that figure.

118. *Dissection of the Internal Capsule from the Medial Side* (Fig. 217).—Tear away the fornix and septum pellucidum, opening up the lateral ventricle. With the brain knife cut away a slice from the medial surface of the hemisphere, varying in thickness from  $\frac{1}{4}$  inch at the frontal end to  $\frac{1}{2}$  inch at the occipital end, cutting through the corpus callosum and into the ventricle, but not into the basal ganglia. With a scalpel and tissue forceps remove what remains of the medial wall of the lateral ventricle, except in the inferior horn. Grasp with tissue forceps the stria terminalis in the rostral end of the sulcus terminalis and tear it away, carrying the forceps toward the occipital pole. By blunt dissection remove the thalamus and subthalamus as well as the tegmentum and corpora quadrigemina of the mesencephalon. In scraping away these parts carry the dissecting instrument from the sulcus terminalis in a ventral direction. This will uncover the basis pedunculi and its continuation into the internal capsule. The fibers of the thalamic radiation will be broken off at the point where they enter the internal capsule (Fig. 217). Remove the ependymal lining of the posterior horn of the ventricle and uncover the tapetum. Scrape away the caudate nucleus, carrying the dissecting instrument in the direction of the fibers of the internal capsule (Fig. 217). Trace the anterior commissure to the point where it disappears under the anterior



limb of the internal capsule. Study the internal capsule as seen from the medial surface, and note particularly the direction of the fibers, the anterior limb, the posterior limb, the posterior thalamic radiation, and the curved ridge which represents the genu.

119. Now turn again to the lateral side of the specimen (Fig. 219), and grasping with tissue forceps individual strands of the uncinate fasciculus in the temporal lobe strip them forward into the frontal lobe. Remove the entire fasciculus in this manner. In the same way strip away the fibers of the inferior occipitofrontal fasciculus, beginning in the frontal lobe and tracing them toward the occiput. Strip off the fibers of the external capsule and expose the lentiform nucleus and the corona radiata (Fig. 216). Pay special attention to the fibers of the corona radiata which come from the sublenticular part of the internal capsule and enter the temporal lobe. Follow the anterior commissure to the point where it disappears under the lentiform nucleus.

120. Remove what remains of the temporal lobe and examine the hippocampus, fimbria, and inferior horn of the lateral ventricle from the dorsal surface (Fig. 226).

121. Next scrape away the lentiform nucleus and trace the basis pedunculi into the internal capsule (Fig. 100). Study the corona radiata, internal capsule, and basis pedunculi from both sides of this preparation. The thalamus and the caudate and lentiform nuclei produce well-marked impressions on the internal capsule (Figs. 100, 217).

### CLINICAL ILLUSTRATIONS

“The charm of neurology, above all other branches of practical medicine, lies in the way it forces us into daily contact with principles. A knowledge of the structure and functions of the nervous system is necessary to explain the simplest phenomena of disease, and this can be only attained by thinking scientifically” (Henry Head). An excellent review of anatomic neurology can be obtained by a study of a series of neurologic patients and an attempt to interpret their symptoms in terms of damaged cell masses and fiber tracts. The following brief case histories may serve in lieu of actual patients. Each will be found to illustrate some important facts concerning the organization of the nervous system.

### CASE I

122. A boy, five years old, complained of pain in the back and legs and had a fever of 102° F. The following morning he was unable to get out of bed and he could not move his right leg. Examination showed no disturbance in the movements of the head and neck, arms, or left leg, but there was complete paralysis of the right thigh, leg, and foot. Muscular tone was greatly reduced and the tendon reflexes (knee-jerk and Achilles' tendon reflex) were abolished in the right lower extremity. After three weeks he was able to flex and adduct the right thigh and extend the knee, but no other movements returned in that extremity, and at the end of a month the muscles of the foot and leg and of the back of the thigh were relaxed and showed the reaction of degeneration and marked atrophy. Aside from the pain suffered at the time of the onset there were no sensory disturbances.

The initial pain indicates that the dorsal nerve roots or their connections within the spinal cord were irritated to some extent by the inflammatory reaction, but the absence of any permanent sensory disturbances shows that these parts suffered no serious damage.



The lesion obviously involved the somatic motor apparatus for the right lower extremity. The path for impulses initiating voluntary movements consists of two sets of neurons: (1) upper motor neurons with cells in the motor center of the cerebral cortex and axons in the pyramidal tracts; and (2) lower motor neurons (primary motor neurons) with their axons running through the peripheral nerves to the muscles. When the upper set is destroyed there is paralysis without atrophy of the muscles and their electrical reactions are normal. The paralyzed muscles show an increased tone; there is increased resistance to passive movement, and the tendon reflexes, including the knee-jerk and Achilles' tendon reflex, are exaggerated. In spite of the

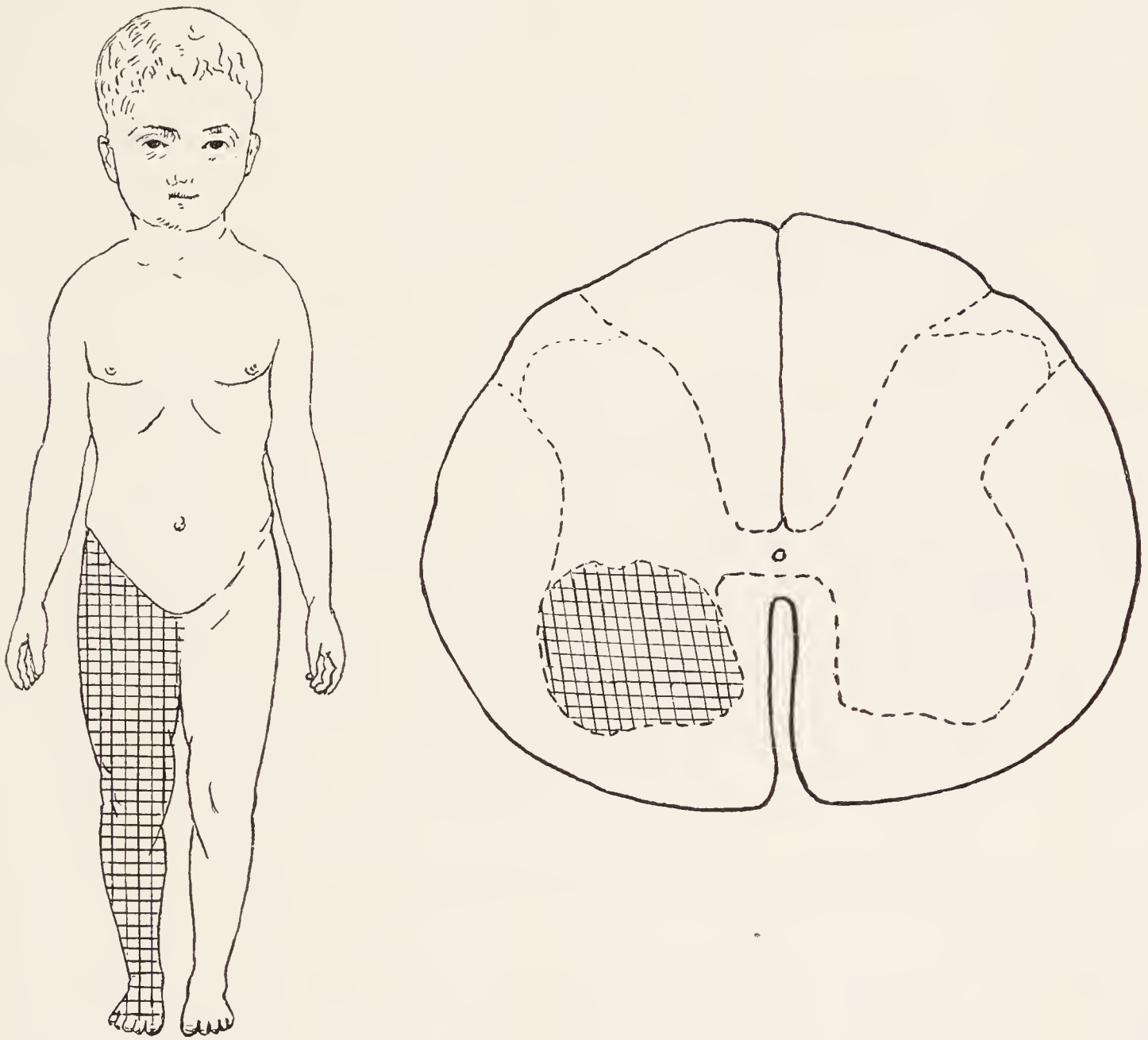


Fig. 397.—Case I.

fact that in man such a spastic paralysis is quite regularly associated with lesions of the pyramidal system many physiologists now believe that the spasticity is due to associated damage to the extrapyramidal system. When the lower motor neurons are destroyed the resulting paralysis is of the flaccid type. The muscles are relaxed, shrink in size, and become atrophic. The tendon reflexes are abolished.

The muscles can no longer be stimulated by the faradic current, but respond to galvanic stimulation with a slow contraction; and the anodal contraction on closure is greater than the kathodal ( $ACC > KCC$ ). This sort of response is characteristic of muscles which have been deprived of their motor innervation and is called the reaction of degeneration.



In the case under consideration was it the upper or lower motor neuron which was affected, and why? If the lesion had been in the peripheral nerves where sensory and motor fibers are mingled together there would have been more or less loss of sensation in the affected limb. Where, then, must the lesion have been located? What nerve-fibers would be found degenerated? Which segments of the cord were involved at the onset, and in which of these did the inflammation subside without causing a complete destruction of the motor elements? (See Fig. 68.)

*Diagnosis.*—Acute anterior poliomyelitis, an infectious disease of children with inflammation affecting chiefly the anterior gray columns of the spinal cord.

## CASE II

123. A man of forty-two years noticed an increasing stiffness in the legs. The feet could not be lifted from the ground, but were dragged along, the entire leg moving as one piece from the hip. No sensory disturbances were noted. Examination showed loss of voluntary control of the muscles of the legs, which were rigid and offered marked resistance to passive movements. The knee-jerk and Achilles' tendon reflex were

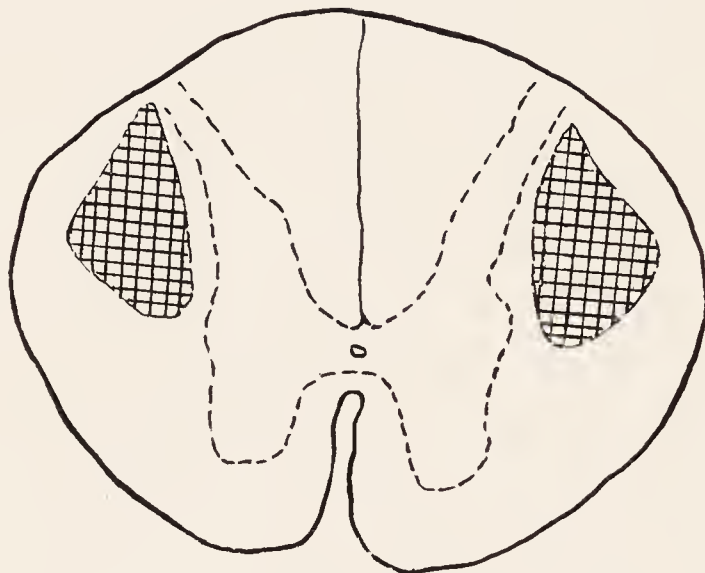


Fig. 398.—Case II.

markedly exaggerated. There was no atrophy of the affected muscles. Sensation was normal throughout.

Obviously the somatic motor apparatus was at fault in this case. Did the lesion involve the upper or lower neurons, and why? Why would you look for the defect in the spinal cord rather than in the brain? (See p. 328.) What tracts were involved?

*Diagnosis.*—Lateral sclerosis, a selective degeneration of the lateral pyramidal tracts.

## CASE III

124. A blacksmith, aged forty-eight, presented himself for treatment of a burn on his right hand caused by his having picked up a hot iron. He did not feel either heat or pain at the time, nor has the burn since caused him any pain. Examination showed a loss of pain and temperature sensibility over the thorax and both upper extremities. There was no disturbance of tactile sensibility, no ataxia nor loss of the sense of posture or of passive movement. The knee-jerk was normal and there was no disturbance of motor functions except that there was weakness and atrophy of the small muscles of both hands.



Does this paralysis with atrophy of the intrinsic muscles of the hand indicate an upper or a lower motor neuron lesion? Why would you locate this lesion in the eighth cervical and first thoracic segments of the cord? What structures in these segments must have been destroyed?

The lesion also extended for some distance up and down the cord, but except in the two segments just mentioned it was confined to the gray matter around the central canal and to the commissures of the cord. Assuming that the centrally placed lesion extended from the fourth cervical to the sixth thoracic segment, how would you account for the loss of pain and temperature sensation in the thorax and upper extremities? Why were the proprioceptive impulses not interrupted? Why was not tactile sensibility disturbed? (See pp. 106-113, 310-313, 317-320.)

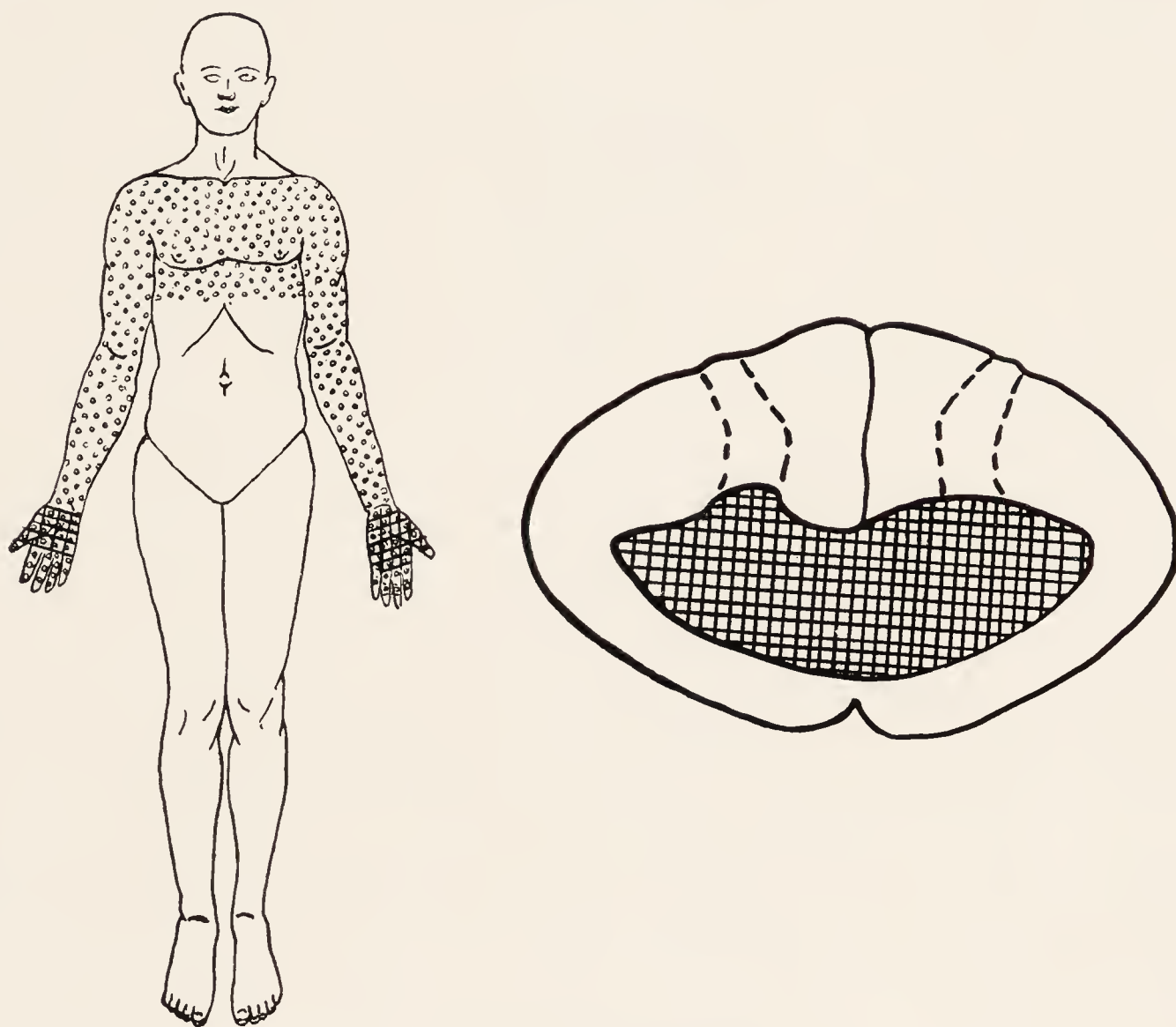


Fig. 399.—Case III.

*Diagnosis.*—Syringomyelia, a disease of the spinal cord, characterized by cavity formation within the central gray matter. The cavity usually enlarges and involves other parts of the gray matter and even the white substance of the spinal cord. In this case it invaded the anterior gray columns in the last cervical and first thoracic segments.

#### CASE IV

125. A man, aged thirty-four, noticed a tingling sensation in his feet and later suffered from shooting pains in his legs. After several months he experienced difficulty in walking in the dark, and when walking in the light it was necessary to watch the ground to keep from falling. Although his legs were as strong as ever he would stagger and sway from side to side as he walked. Examination disclosed no weakness nor



atrophy of the muscles; but when relaxed they did not exhibit the normal tone. The knee-jerk was abolished. There was a complete loss of the sense of posture and passive movement and of the vibratory sense in the legs. When the skin of the leg was touched with the two points of a compass he could not recognize the duality of the contact nor accurately locate the area stimulated. Except for this loss of tactile localization and tactile discrimination there was not much disturbance of exteroceptive sensibility.

What evidence is there in this case of damage to the nerve-fibers in the posterior funiculus? How would you account for: (1) the incoördination of the movements of the legs in walking and (2) the loss of the sense of posture and passive movement? (See pp. 106–108.) The afferent impulses from the muscles, joints, and tendons act through spinal and cerebellar reflex arcs to maintain the normal muscular tone, and the cutting off of these impulses accounts for the atonic condition of the muscles. The

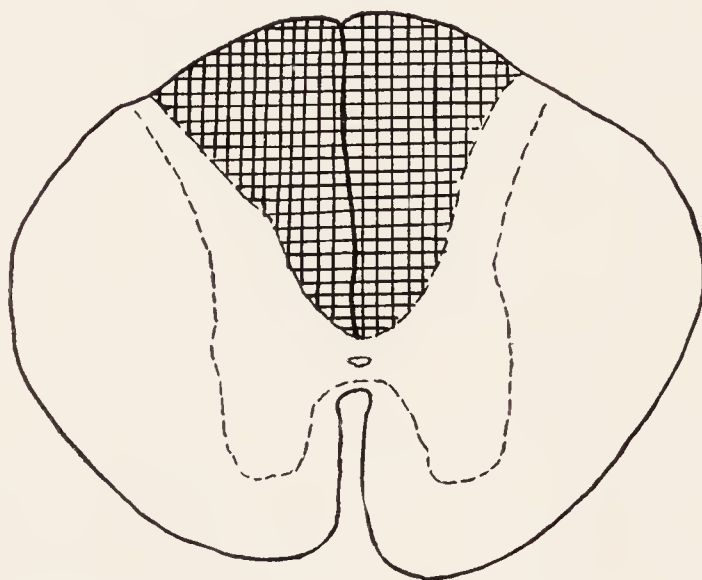


Fig. 400.—Case IV.

knee-jerk was missing because the tendon reflexes cannot be elicited from atonic muscles and because the afferent limb of this reflex arc was damaged. The shooting pains early in the course of the disease were due to an irritation of the dorsal roots.

*Diagnosis.*—*Tabes dorsalis*, a disease of the dorsal roots resulting in a degeneration of the posterior funiculi of the spinal cord. The proprioceptive fibers suffer more serious damage than those of the exteroceptive group.

### CASE V

126. A bartender, aged forty-six, received a stab wound in the back. Two years after the injury there still remained evidences of a lesion of the spinal cord. There was a wasting of the small muscles of the right hand. In the right leg there was spastic paralysis with an increase of the knee-jerk together with a loss of the sense of posture and of passive movement. On the left side there was no paralysis nor muscular wasting, and the reflexes were normal. There was a loss of sensibility to pain, heat, and cold over the entire left half of the body as high as the level of the third rib, but no disturbance of proprioceptive sensibility. All cutaneous sensibility was abolished over a strip along the ulnar side of the right arm, but except for this area tactile sensibility was normal over the entire body.

What does the atrophy of the small muscles of the right hand indicate? What kind of paralysis? What neurons must have been involved? Compare with Case III.



What side of the cord was the lesion on? What segments of the cord must have been involved? Could the spastic paralysis of the right leg have been produced by the same lesion, assuming that the lesion was large enough to involve the entire lateral half of the cord at that level? Give your reasons.

What does the loss of sensibility to pain, heat, and cold on the left and of proprioceptive sensibility on the right indicate as to the side of the cord on which the lesion was located? Taking into consideration the fact that in unilateral lesions of the cord the upper limit of analgesia is usually one or two segments below the lesion, at approximately what level was the lesion situated? How does this level correspond with that deduced from the atrophic paralysis in the hand? Can all the symptoms be

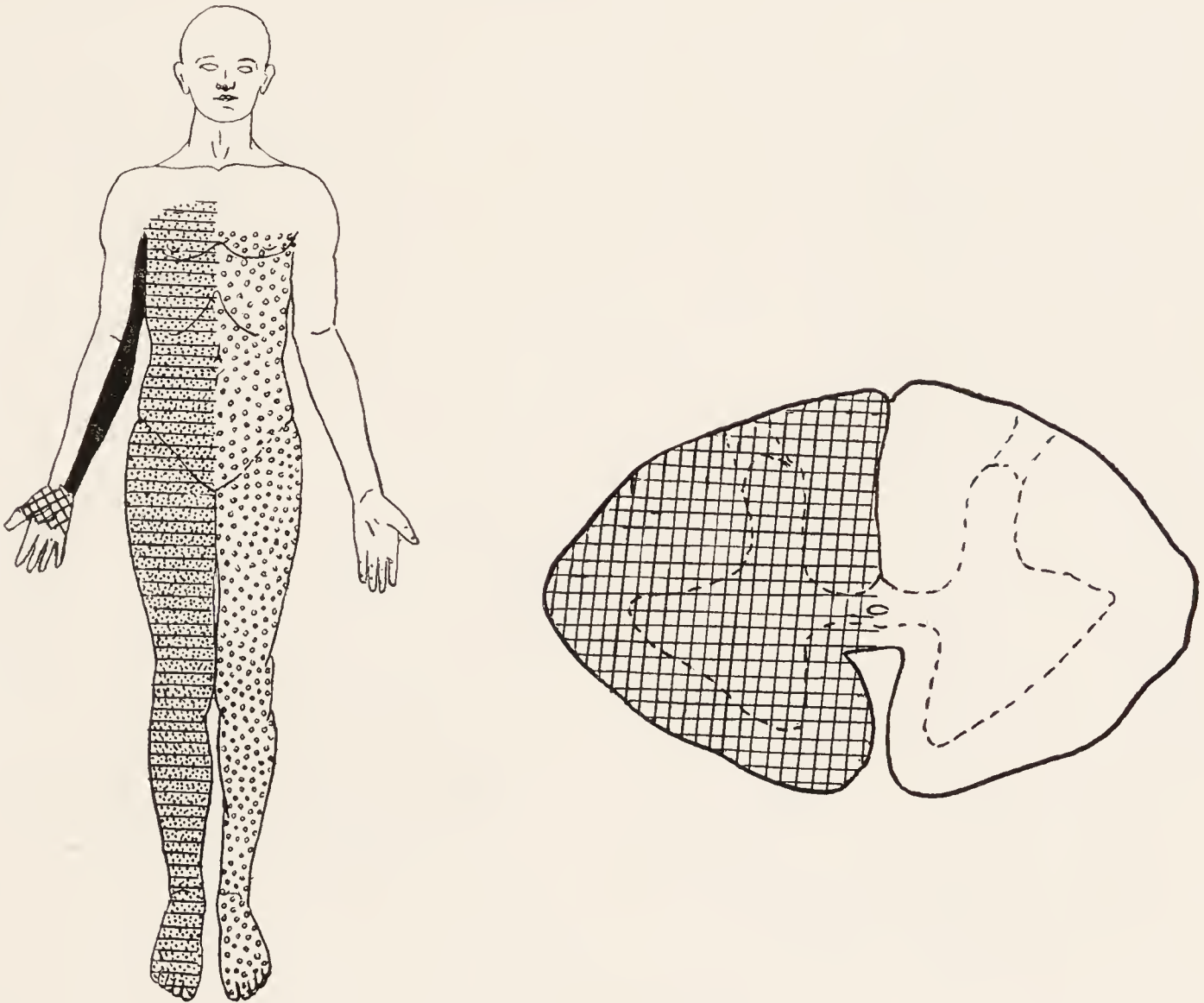


Fig. 401.—Case V.

explained on the basis of a unilateral lesion? If so, how do you account for the loss of proprioceptive sensibility on one side of the body and of pain and temperature sensibility on the opposite side? What tracts must have been involved? Compare Fig. 401 with Fig. 42 and explain the loss of all cutaneous sensibility along the ulnar side of the right arm. Why was tactile sensibility normal over all the rest of the body? (See p. 312.)

Which tracts would you expect to find degenerated above this lesion and which would degenerate below?

*Diagnosis.*—A unilateral lesion involving the eighth cervical and first thoracic segments of the spinal cord on the right side.



## CASE VI

127. A woman of sixty-three years while working about the house suddenly fell to the floor and was unable to rise. She had difficulty in speaking and her left arm and leg were paralyzed. An examination made two months after the onset of the symptoms showed a spastic paralysis of the left arm and leg. The tone of the muscles in these limbs was much increased and there was an exaggeration of the tendon reflexes. When the tongue was protruded it turned to the right due to paralysis of its musculature on that side. The right half of the tongue was much atrophied.

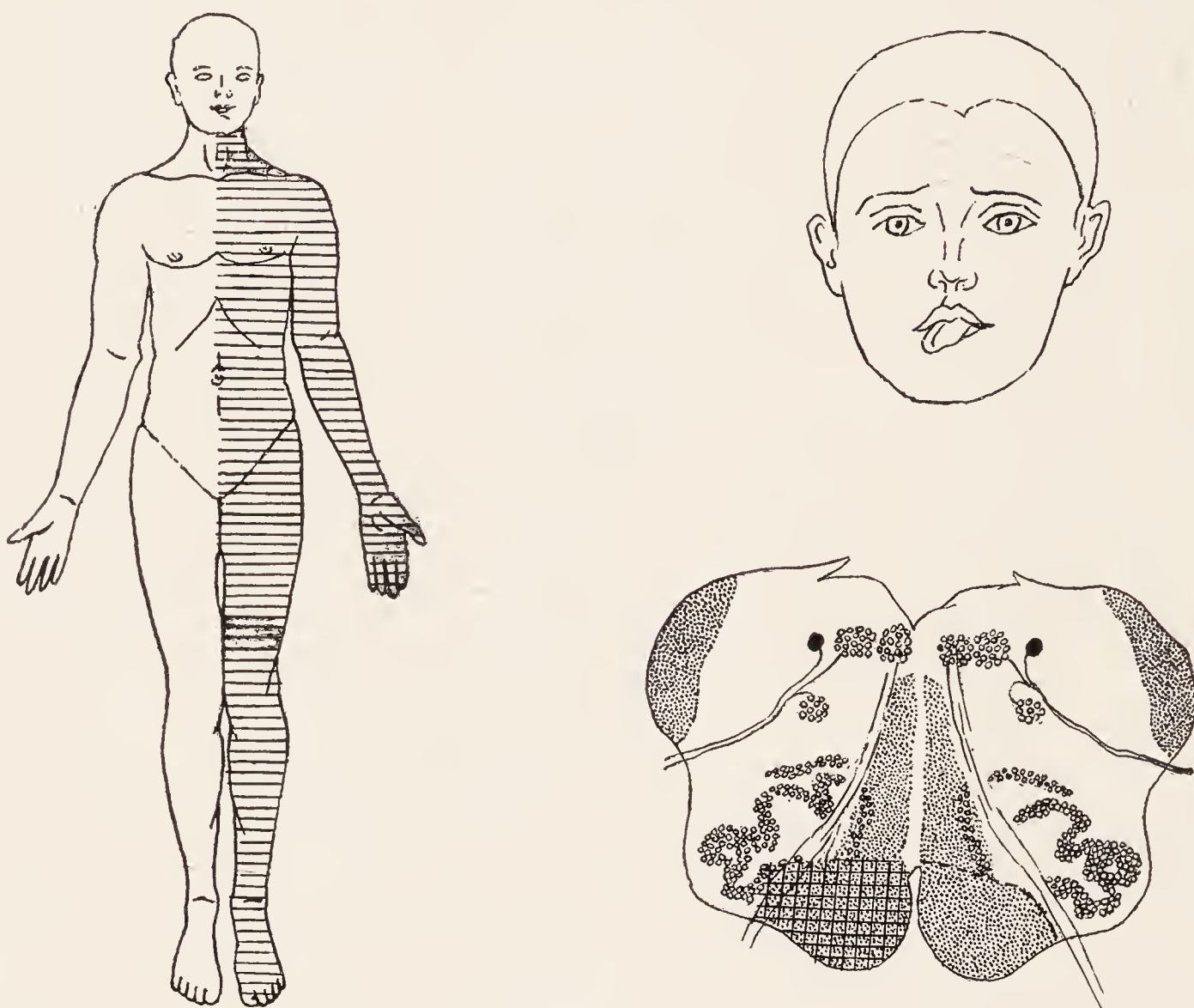


Fig. 402.—Case VI.

The involvement of both the arm and the leg on one side speaks for a brain lesion. (See p. 328.) What type of paralysis was exhibited by the arm and leg, and what neurons must have been involved? On which side of the brain was the lesion located? What evidence is there as to the level of the lesion? What type of paralysis was exhibited by the right half of the tongue, and what nerve was affected? How does this help to locate the lesion? How could you explain the symptoms from a lesion occupying the area outlined in Fig. 402. What nerve-fibers underwent degeneration, and in what direction?

*Diagnosis.*—Crossed hypoglossal paralysis due to a vascular lesion in the right side of the medulla oblongata involving the pyramid and the emerging fibers of the hypoglossal nerve.



## CASE VII

128. A man, sixty-seven years old, suffered an apoplectic stroke and was unconscious for several hours. After recovering consciousness he could not speak and his right arm and leg were paralyzed. After a few days his speech returned, though he had considerable difficulty in using his tongue. An examination made six weeks after the seizure showed a spastic paralysis of the right arm and leg with increased muscle tone and exaggerated tendon reflexes. When protruded the tongue turned to the left and the musculature of its left side showed atrophy. There was no paralysis of the soft palate, pharynx, or larynx. Pain and temperature sensibility were normal over the entire body, but there was a loss of the sense of posture and of passive movement

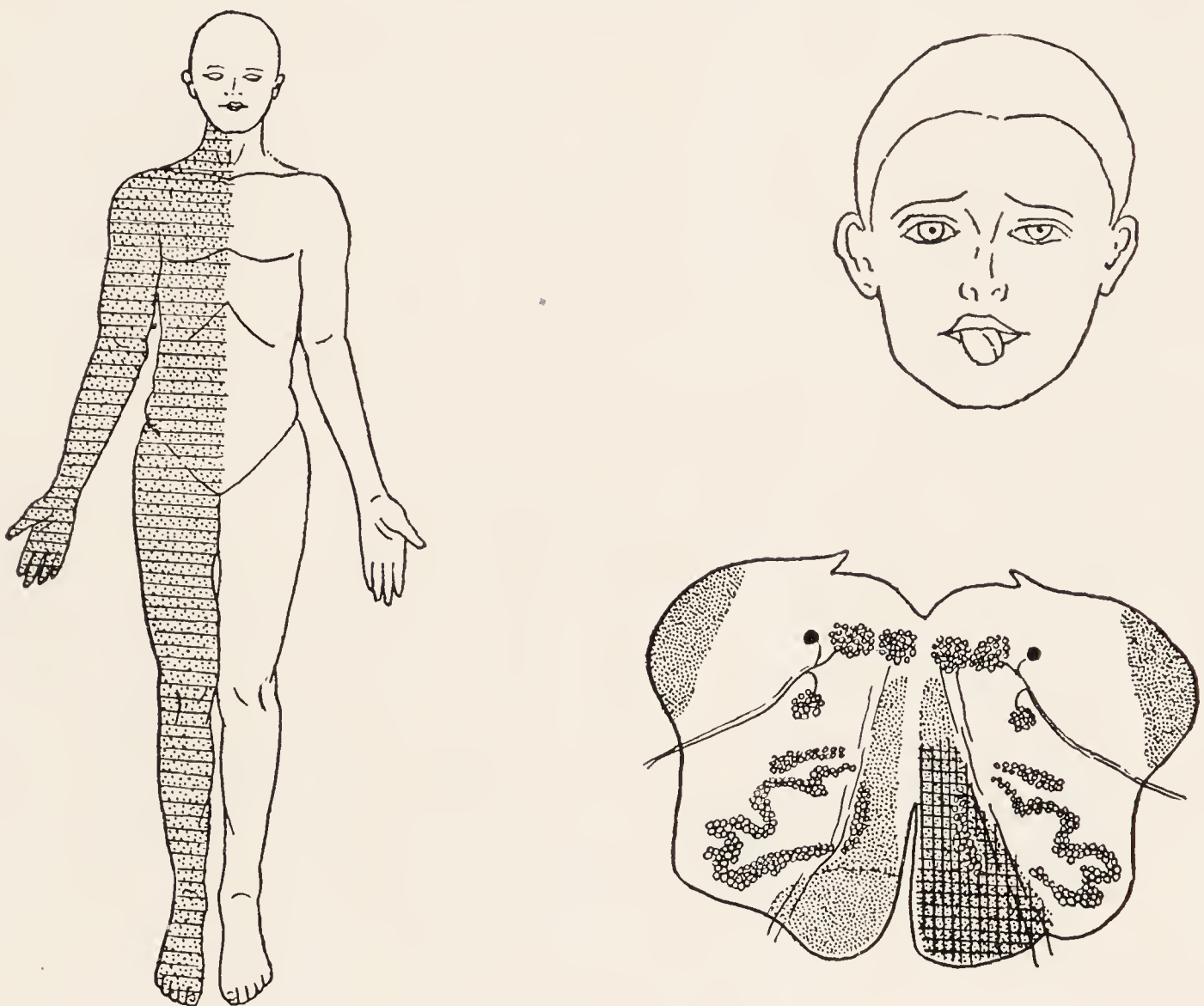


Fig. 403.—Case VII.

(sensations from the muscles, joints, and tendons) and an impairment of tactile sensibility over all of the right side of the body except the head.

What can you deduce from the impairment of motor functions as to the location of the lesion? What tract in the medulla oblongata must have been included in the lesion to give rise to the sensory symptoms? On which side was the lesion located? What parts of the medulla oblongata can you be sure were not involved judging from the absence of any disturbance of pain and temperature sensibility and from the absence of any paralysis in the soft palate, pharynx, and larynx?

What fibers underwent degeneration as a result of the lesion, and in what direction?

*Diagnosis.*—Crossed hypoglossal paralysis due to a vascular lesion in the left side of the medulla oblongata involving the pyramidal tract, medial lemniscus, and emerging fibers of the hypoglossal nerve.



## CASE VIII

129. A man, aged fifty, suddenly became giddy and fell upon the floor, but did not lose consciousness. It was noted that he kept both eyes turned toward the left. On examination, eight weeks after the onset, the strength and tone of the muscles and the deep reflexes were normal and equal on the two sides, but there was a paralysis of the left vocal cord and of the left side of the soft palate. The finer movements of the left arm and leg were not perfectly coördinated. When walking or when standing with his eyes closed he would tend to fall to the left. There was a complete loss of pain and temperature sensibility over the left side of the face and the right side of the body below the head. Tactile sensibility was normal over the entire body.

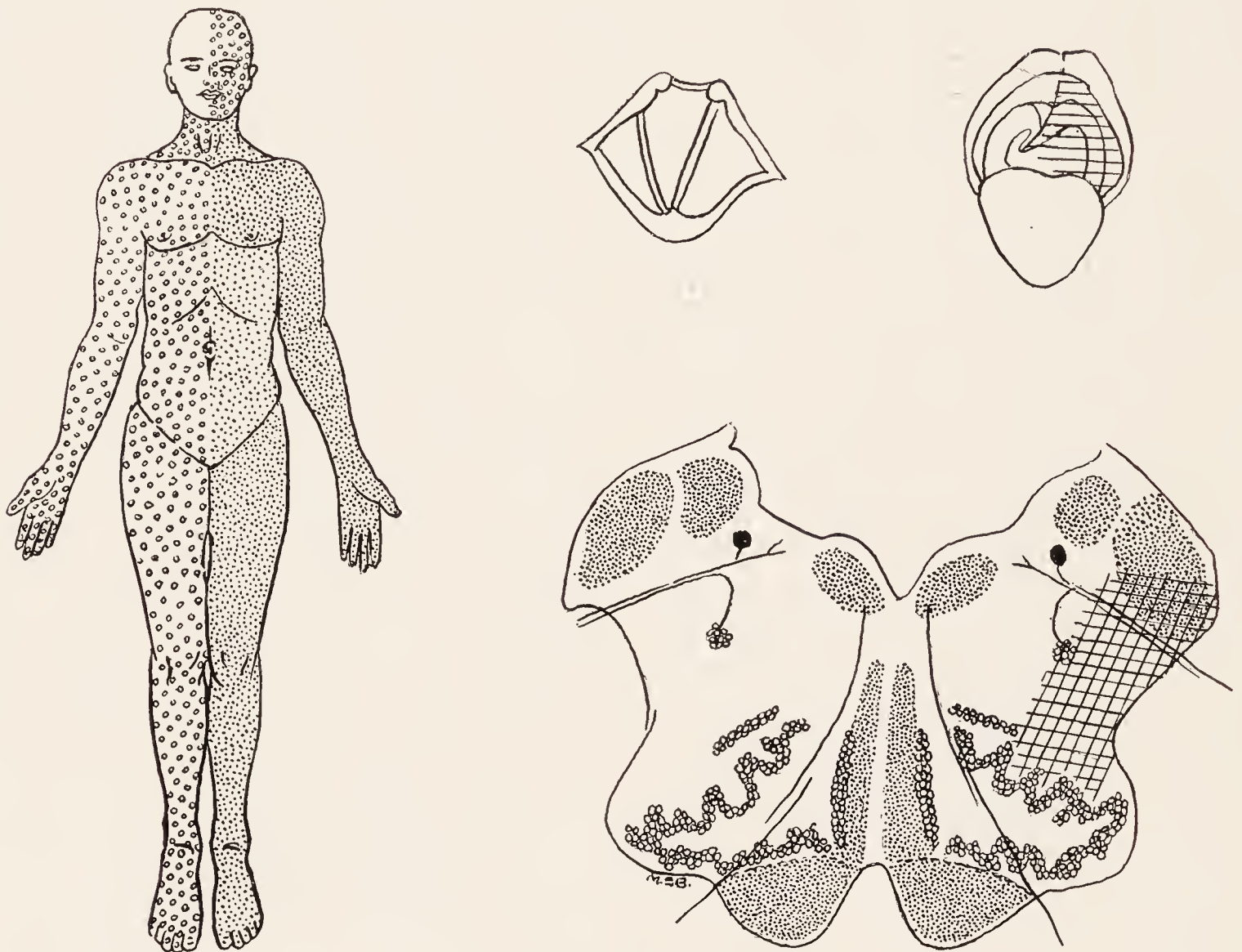


Fig. 404.—Case VIII.

The dizziness at the onset and the turning of both eyes (conjugate deviation) to the left indicate an irritation of the vestibular nuclei of the left side. The incoördination of the left arm and leg can be explained by a destruction of the dorsal and ventral spinocerebellar tracts on the left side. What does the paralysis of the left vocal cord indicate as to the location of the lesion? (See Fig. 404; p. 179.) What nerve tract must have been destroyed to cause a loss of pain and temperature sensibility on the right side of the body, and in what part of the medulla must a lesion have been located to have involved this tract? Lesions in the lateral area of the medulla oblongata which destroy the spinal tract and nucleus of the trigeminal nerve cause loss of pain and temperature sensibility on the corresponding side of the face, but do not interfere with tactile sensibility. This indicates that pain and temperature sensations are probably mediated through the spinal nucleus and touch through the main sensory nucleus of the trigeminal nerve (Gerard, 1923).



*Diagnosis.*—Thrombosis of the posterior inferior cerebellar artery with a degeneration of the dorsolateral area of the medulla on the left side. The degenerated area included the ventral and dorsal spinocerebellar tracts, the spinal tract and nucleus of the fifth nerve, the lateral spinothalamic tract, the nucleus ambiguus, and the emerging fibers of the vagus nerve. The caudal part of the vestibular nucleus was near enough to this area to have been irritated at the time the thrombosis occurred.

### CASE IX

130. A man, aged forty-three, with a history of syphilitic infection, suffered from headache and attacks of vertigo and gradually developed a spastic hemiplegia on the

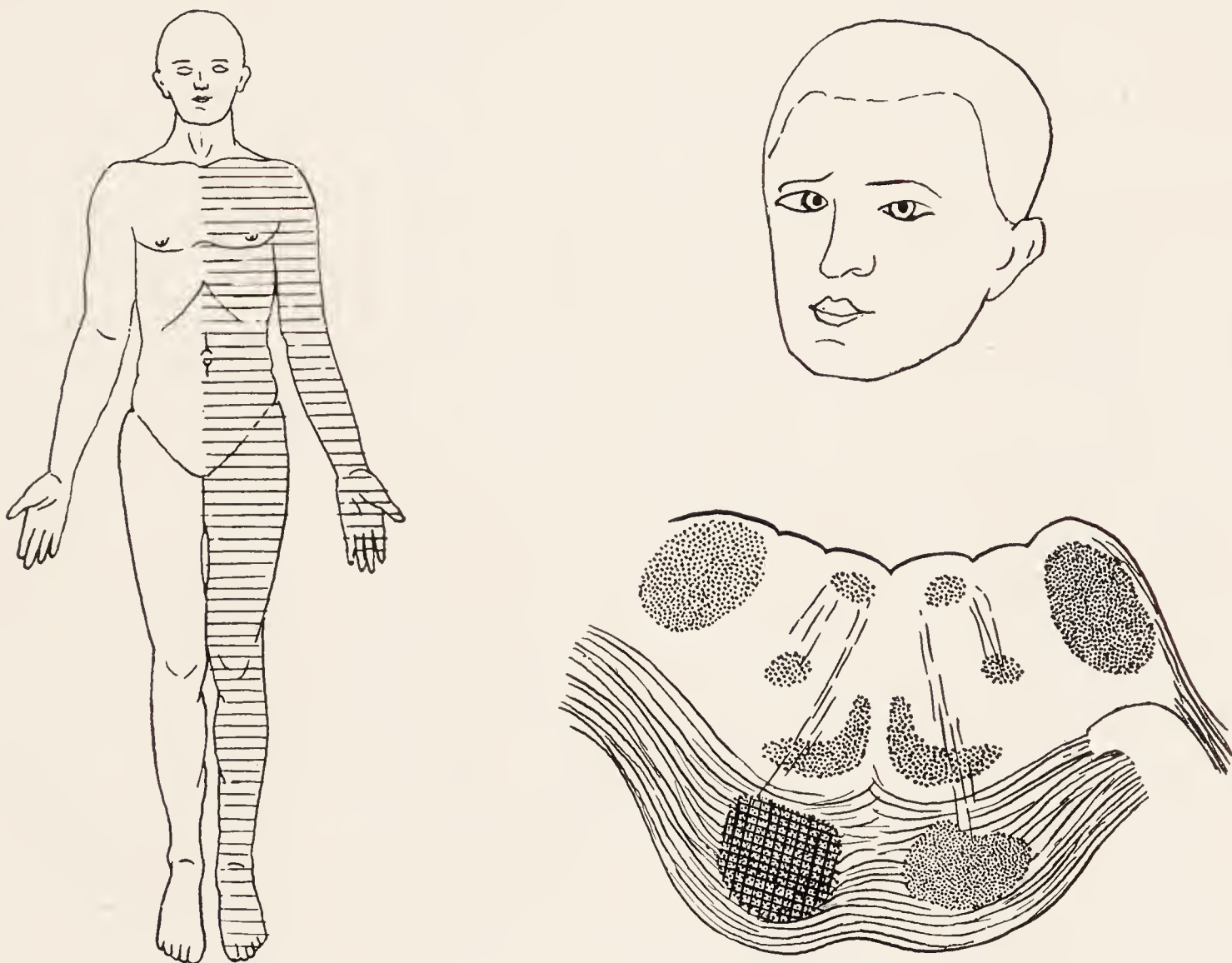


Fig. 405.—Case IX.

left side, with increased muscle tone and exaggerated tendon reflexes in the left arm and leg. After a while he began to see double and it was noted that his right eye was turned inward, indicating a paralysis of the right external rectus. He recovered under antisiphilitic treatment.

Where would you locate a lesion causing these symptoms? What neurons would be involved?

*Diagnosis.*—Crossed paralysis involving the abducens nerve due to a syphilitic lesion in the ventral part of the pons on the right side.

### CASE X

131. A woman, fifty-eight years old, suffered an apoplectic attack, following which she was paralyzed on the right side. An examination, made nine weeks after the attack,



showed that she was unable to fully open the left eye because of a falling (ptosis) of the upper eyelid. The left eyeball was turned outward and slightly downward, indicating a paralysis of all the extrinsic ocular muscles except the external rectus and superior oblique muscles. The left pupil was dilated. When protruded the tongue turned somewhat to the right, showing a weakness of the musculature of that side, but there was no atrophy.

On the right side there was a paralysis of the muscles of the lower part of the face, that is, of those below the eye. The fact that the upper group of facial muscles remained responsive to the will indicates that the paralysis was due to a lesion in the upper motor neuron. The portion of the facial nucleus which supplies the occipitofrontalis and the corrugator supercilii is activated by corticobulbar fibers from the

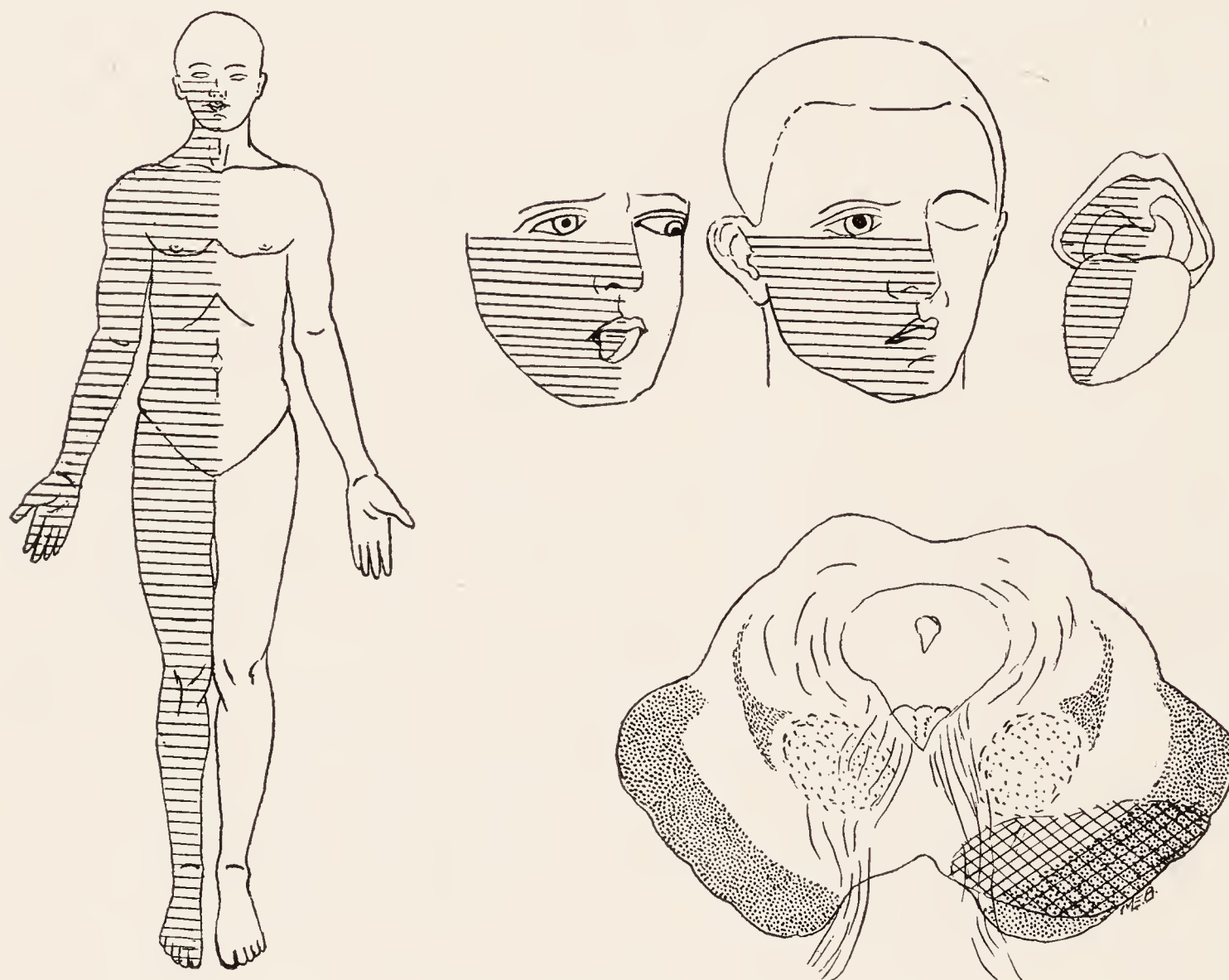


Fig. 406.—Case X.

motor cortex on both sides of the brain. Hence these muscles are not affected in facial paralysis unless either the seventh nerve or its nucleus is damaged.

The muscular tone and tendon reflexes were exaggerated in the right arm and leg.

What nerve supplies all of the extrinsic muscles of the eye except the external rectus and superior oblique? What nerve supplies the levator palpebræ superioris? Where would you locate a rather restricted lesion causing a paralysis of the oculomotor nerve on the left and a spastic hemiplegia on the right side? How do you account for the lingual and facial paralysis? How do you explain the dilation of the pupil?

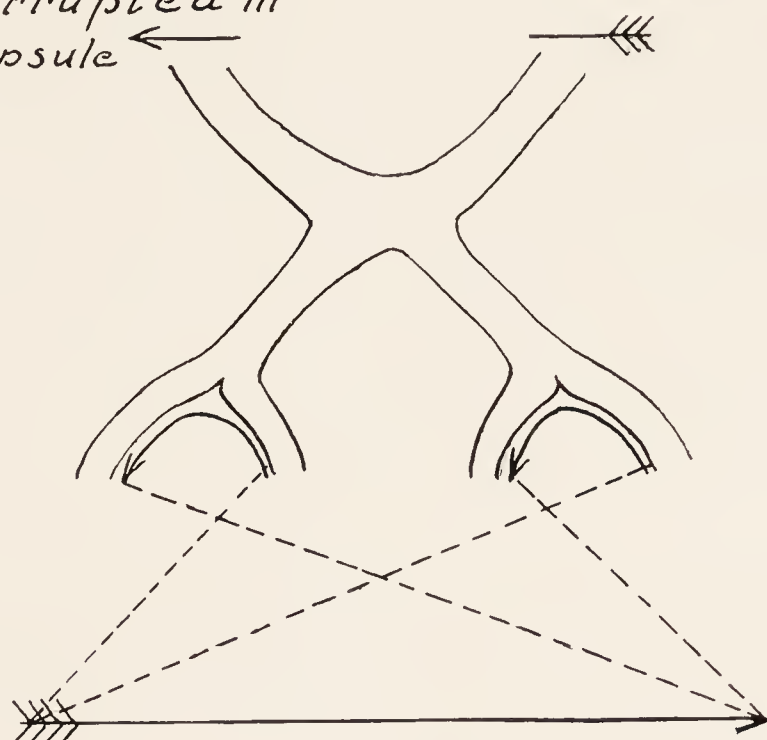
*Diagnosis.*—Crossed paralysis involving the oculomotor nerve (Weber's syndrome) due to a vascular lesion in the basis pedunculi involving the emerging fibers of the third nerve.



## CASE XI

132. A woman, sixty-five years old, while engaged in a heated argument with a neighbor, suddenly fainted. She remained comatose for thirty-six hours. When consciousness returned she was unable to move the left arm or leg. An examination made

*Impulses from this optic tract are interrupted in the internal capsule*



*Blind to this half of the field*

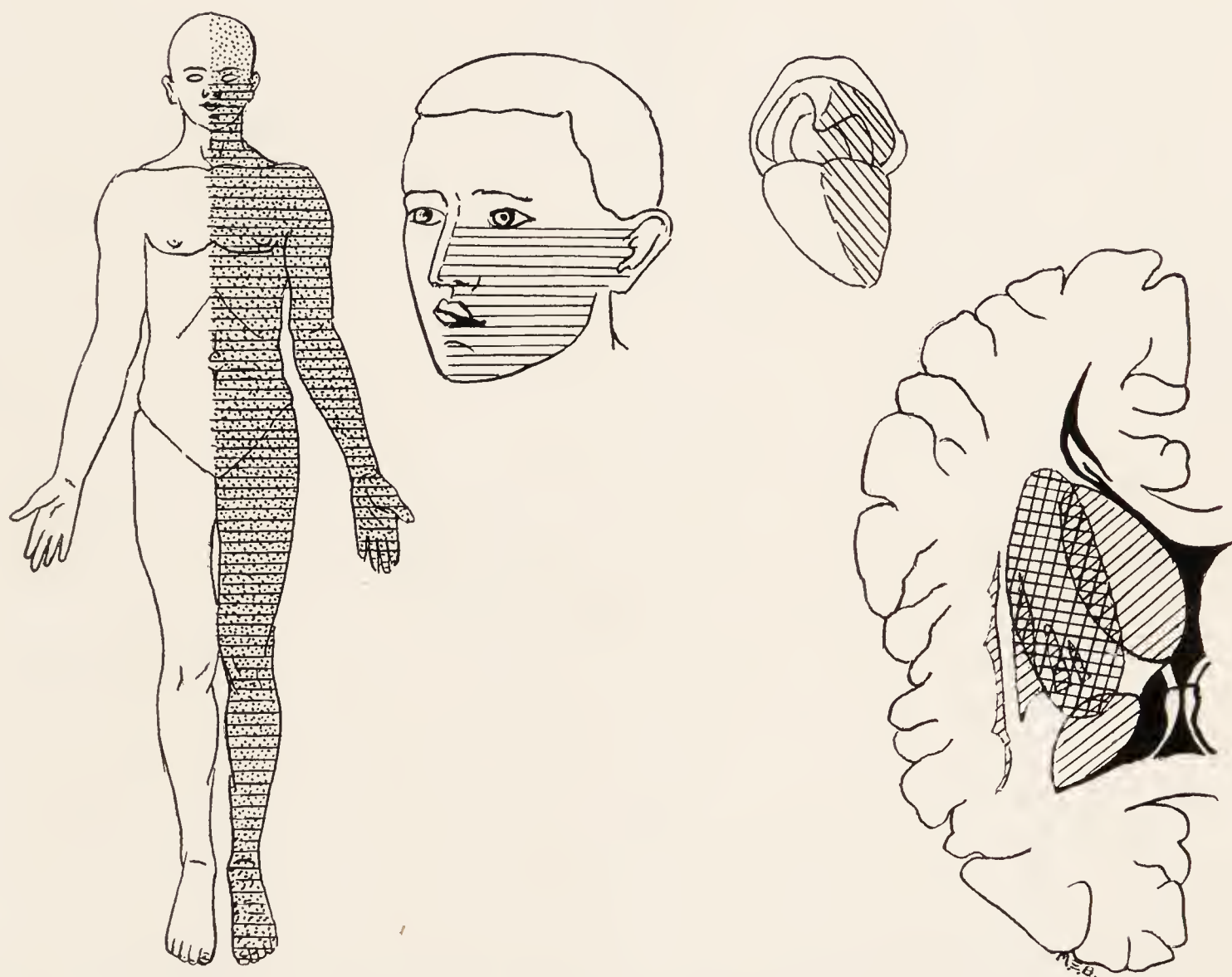


Fig. 407.—Case XI.



six weeks after the seizure, showed a spastic paralysis of the left arm and leg with increased muscle tone and exaggerated tendon reflexes. When protruded the tongue turned to the left, but there was no atrophy. There was a left-sided facial paralysis involving the muscles below the eye. Sensation was impaired over the entire left side of the body, including the face, but all forms of sensibility were not affected to the same degree. The sense of posture and passive movement was lost. Tactile sensibility was more defective than thermal, while pain was felt equally well on both sides. Tests showed that she was blind to all objects in the left half of the field of vision.

The motor symptoms indicate injury to two tracts. Which are they? Was the interruption to the visual path placed in front of or behind the optic chiasma, and why? (See p. 237.) Was the lesion located on the right or left side, and why? There is only one place where a lesion of moderate size could interrupt the two motor tracts, the paths for tactile, thermal and proprioceptive sensibility, and the visual pathway. At what place are these tracts all grouped very close together?

*Diagnosis.*—Hemorrhage into the internal capsule.

## CASE XII

133. A girl, eighteen years old, who had suffered from endocarditis, suddenly fainted and remained unconscious for several hours. Her mind remained clouded for

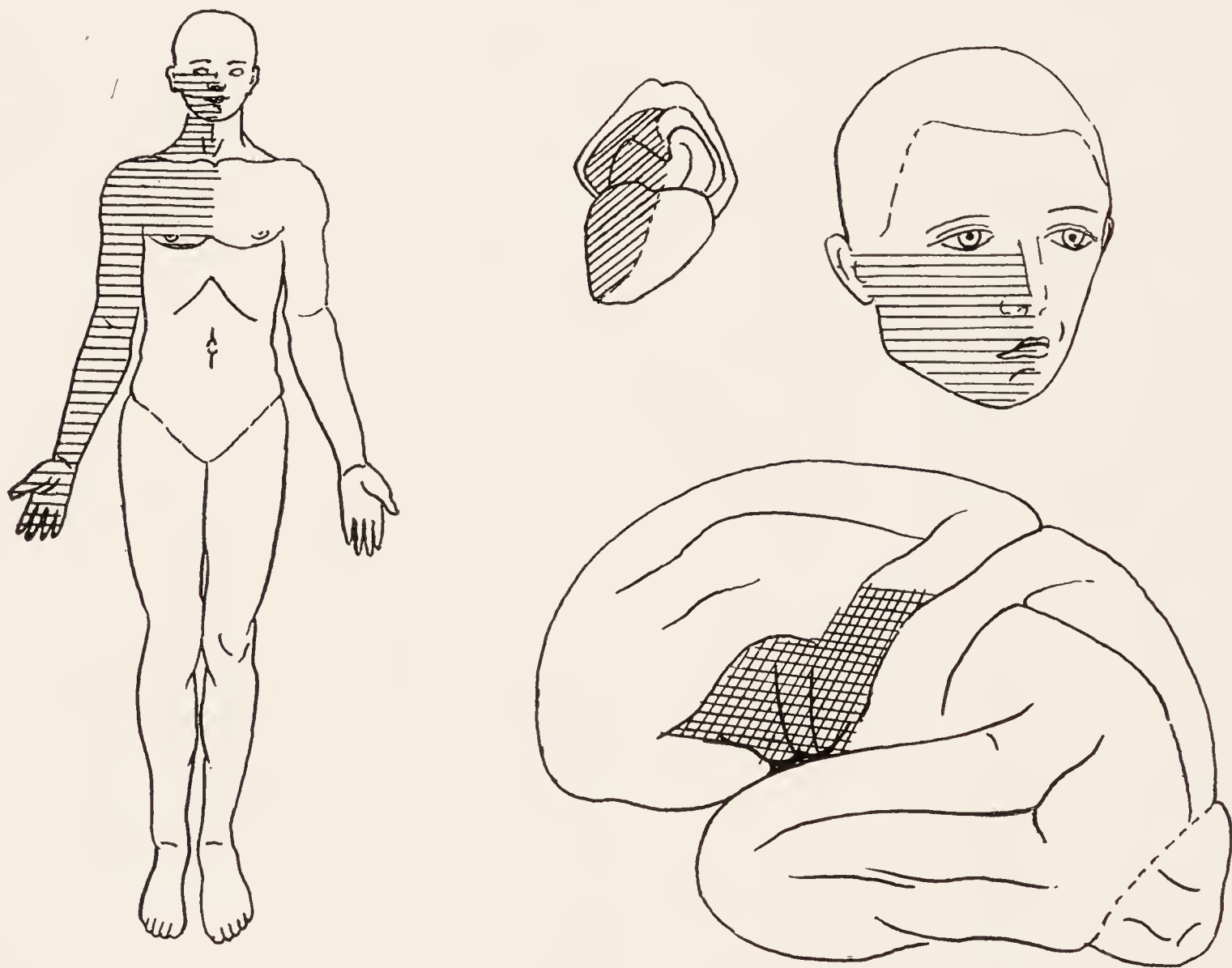


Fig. 408.—Case XII.

nearly a week and she never recovered her speech. Examination, six months after the seizure, showed a spastic paralysis of the right arm and hand with increased muscle



tone and exaggerated tendon reflexes. The tongue when protruded turned to the right, but there was no atrophy. There was paralysis of the lower facial muscles on the right side. Sensation was normal over the entire body.

Is the facial paralysis due to a lesion of the upper or lower motor neuron? Why? (See Case X.) What type of paralysis is seen in the tongue? The paralysis in the arm indicates an involvement of what group of neurons? These defects might have been produced by a lesion in the internal capsule or basis pedunculi. Why does the absence of any trouble in the leg speak against both of these places as possible locations? Where are the upper motor neurons spread out over a rather wide area and yet so arranged that those for the face and arm might be involved together while those for the leg escaped? On which side of the brain was the lesion located? What does the loss of ability to speak (aphasia) indicate? (See p. 307.) What would have been the difference in the symptoms if the lesion had been located in the corresponding area of the opposite side of the brain?

*Diagnosis.*—Embolism occluding branches of the middle cerebral artery supplying the lower half of the anterior central gyrus and Broca's area in the inferior frontal gyrus on the left side of the brain.







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